

DIVISION OF ADULT PAROLE OPERATIONS

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Sacramento, CA 94283-0001



January 7, 2008

Dear Sheriff/Police Chief:

The Governor's Budget Act establishes the maximum Daily Jail Rate (DJR) for reimbursement of costs for State prisoner and parolee detention pursuant to Section 4016.5 of the California Penal Code. The impending revision for Fiscal Year (FY) 2009/10 is applicable to detention services provided after July 1, 2009.

Local jurisdictions seeking reimbursement for the cost of detention and/or parole revocation hearings must submit an annual rate proposal to the California Department of Corrections and Rehabilitation (CDCR), Office of Audits and Compliance (OAC) within prescribed timeframes. DJR Proposals are due no later than March 1, 2009, and Parole Revocation Hearing Rate (PRHR) Proposals by January 1, 2010. Adequate documentation to support each computation must accompany all rate proposals. Documentation should be clearly footnoted and cross-referenced to accurately reconcile all information. Proposals not meeting this requirement will not be accepted by the OAC.

The FY 2009/10 DJR Manual, sample DJR calculation package, and computation form are available on the CDCR internet website at:

http://www.cdcr.ca.gov/Parole/Adult_Parole_Operations/DailyJailRate/Daily_Jail_Rate_Manual.html

Please note, unless specifically requested, the FY 2009/10 DJR Manual will not be distributed in a hardcopy format.

Requests to extend a DJR Proposal due date must be received by the OAC prior to the March 1, 2009 deadline. Local jurisdictions failing to submit an updated DJR Proposal, or requesting an extension by March 31, 2009, shall retain the currently approved DJR for FY 2008/09 and waive a DJR adjustment for services provided during FY 2009/10. As stipulated in the Governor's Budget Act, all claims for DJR reimbursement must be submitted to the CDCR within six months of services rendered.

The DJR Manual provides critical guidelines and methodologies for calculating the DJR and PRHR, and requesting related reimbursements. Please take the time to review the FY 2009/10 DJR Manual.

Critical highlights of current year DJR Manual guidelines, including revisions and/or additions are:

- Chapter I, Section C. Policy and Appendix IV. State of California Governor's Budget Act: Language was included to reflect that the 2008 Budget Act did not provide an increase in the cap for FY 2008/09; therefore, the last approved cap of \$77.17 remains in effect until further notice. Future revisions to the Budget Act will be applied as appropriate to the DJR proposals.
- Chapter V. Parole Revocation Hearing Rate (PRHR):
This chapter was revised to reflect a major change in the PRHR development. The hourly rate has been discontinued. Instead, a flat hearing rate must be used. Computation forms have been developed to calculate the PRHR.

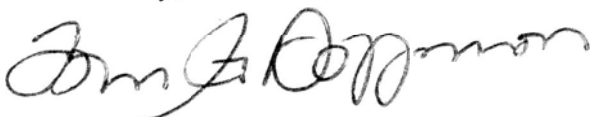
OAC will be offering DJR and PRHR focused workshops in February 2009, at their offices in Sacramento, California. The workshops are intended to facilitate the jurisdictions' DJR preparer in the more complex areas of the DJR calculation. Please e-mail the DJR Analyst at Tina.Kilgour@cdcr.ca.gov to obtain further information regarding the upcoming workshops.

The CDCR looks forward to continued working relations with Local Assistance Program participants and appreciates all the time and effort required.

Please submit rate requests and any DJR-related communications to:

Tina Kilgour, Daily Jail Rate Analyst
California Department of Corrections and Rehabilitation
Office of Audits and Compliance
P.O. Box 942883 Sacramento, CA 94283-0001
Telephone: (916) 255-2645
Fax: (916) 255-1850
Tina.Kilgour@edcr.ca.gov

Sincerely,



THOMAS G. HOFFMAN
Director
Division of Adult Parole Operations

cc: Auditor-Controller
Daily Jail Rate/Revocation Preparer
Tina Kilgour

DAILY JAIL RATE MANUAL
FOR REIMBURSEMENTS
UNDER
SECTION 4016.5 OF THE PENAL CODE
SECTION 1776 OF THE WELFARE AND INSTITUTIONS CODE



CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION

FISCAL YEAR 2009/10

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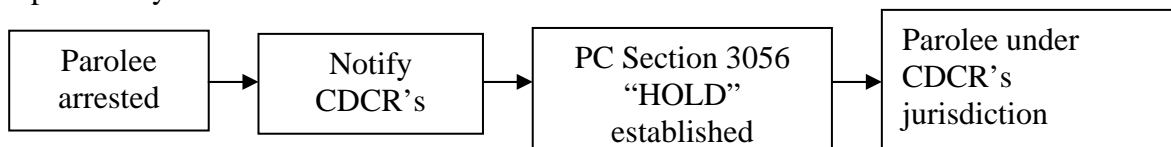
**CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
DIVISION OF ADULT PAROLE OPERATIONS
AND
DIVISION OF JUVENILE JUSTICE**

**DAILY JAIL RATE MANUAL
FOR REIMBURSEMENTS UNDER SECTION 4016.5 OF THE PENAL CODE
AND SECTION 1776 OF THE WELFARE AND INSTITUTIONS CODE**

I. INTRODUCTION

A. OVERVIEW OF LOCAL ASSISTANCE PROGRAM

When an individual is arrested by a local jurisdiction for a violation of law and identified as a California parolee, the California Department of Corrections and Rehabilitation (CDCR), Division of Adult Parole Operations (DAPO) should be notified and given the opportunity to place a Penal Code (PC) Section 3056 “Our Hold Only” (OHO). (See Appendix III, PC Section 3056.) The OHO establishes that the parolee shall remain under the legal custody of the CDCR and that the parolee is subject at any time to return to State custody. Once the parolee is cleared of local charges, and becomes eligible for release by the local jurisdiction, should the CDCR elect to continue the hold, the parolee is retained and becomes the financial responsibility of the CDCR.



The OHO reimbursement process is managed under the CDCR's Local Assistance Program (LAP), which provides for the temporary detention of parole violators in city and county jails (hereinafter counties) while awaiting parole revocation proceedings.

The CDCR reimburses counties for:

1. Costs incurred for detaining State parolees on behalf of the CDCR or the Board of Parole Hearings (BPH), and
2. For the use of local facilities and staff to conduct parole revocation proceedings, also referred to as Morrissey or Valdivia Hearings.

These costs are incorporated into a Daily Jail Rate (DJR) and Parole Revocation Hearing Rate (PRHR) that is unique to each jurisdiction and based on the jurisdiction's actual allowable detention expenses divided by the jurisdiction's average daily population (ADP) from prior fiscal years.

$$\frac{\text{Total Allowable Detention Operating Costs}}{\text{Total ADP}} = \text{DJR}$$

The county will bill the CDCR for housing a State parolee/inmate once the CDCR approves a DJR for the county.

DJR x CDCR Parolee/Inmate Bed Days = Reimbursement



NOTE: The Division of Juvenile Justice (DJJ) uses the DJR established by the CDCR for reimbursing counties for housing wards.

B. METHODOLOGY

The methodology used by counties to affect LAP reimbursements is outlined in this DJR Manual, and is subject to audit by the CDCR's Office of Audits and Compliance (OAC). (See Chapter VII, Section B, Audits.)

RESPONSIBILITY	ACTION
CDCR, DAPO	<ul style="list-style-type: none"> Manage the LAP.
County/City	<ul style="list-style-type: none"> Submit Cost Package Proposal to CDCR's OAC. Once approved DJR received, bill CDCR's Headquarters' Accounting Services Section (HASS) via the appropriate DAPO Regional Headquarters Office.
CDCR, OAC	<ul style="list-style-type: none"> Review DJR Proposal, make necessary adjustments, and approve DJR. Notify county/city, CDCR's HASS, DJJ and DAPO of County's approved DJR. Conduct DJR Audits.
CDCR	<ul style="list-style-type: none"> Verify that conditions of detention meet statutory requirements for transferring financial responsibility to the CDCR. Forward claims to HASS.
CDCR, HASS	<ul style="list-style-type: none"> Process invoices and reimburse county.

C. POLICY

The PC Section 4016.5 (see Appendix II), pertaining to the CDCR, and Welfare and Institutions Code (WIC) Section 1776 (see Appendix III), pertaining to the DJJ, were enacted in July 1, 1975 to relieve cities and counties of the cost of detaining State parolees. PC Section 4016.5 requires that the CDCR reimburse local jurisdictions for costs incurred as a result of State prisoner and parolee detention, and parole revocation proceedings, when the detention and/or proceedings relates to violations of conditions of parole and not new criminal charges. PC Section 4016.5 limits reimbursements to counties for costs incurred from detention to the same cost factors used by the CDCR in determining the cost of prisoner care in State correctional facilities.

Direct payments to cities and counties for costs incurred in the LAP and the Detention Program were authorized by Chapter 961, Statutes of 1984 [Assembly Bill (AB) 3545]. AB 3545 became effective on September 7, 1984 as an urgency statute.

The 2005 Governor's Budget Act eliminated the \$59 per day cap for the DJR and, instead, authorized the Department of Finance (DOF) to approve a new rate cap that is calculated annually to reflect prior year changes to the CDCR's cost of custody and routine healthcare.

The 2008 Budget Act did not provide an increase in the cap for FY 2008/09; therefore, the last approved cap of \$77.17 remains in effect until further notice. Future revisions to the Budget Act will be applied as appropriate to the DJR proposals.

A revised maximum DJR for fiscal year (FY) 2009/10 may be established in the Budget Act of 2009, and is applicable to detention services provided after July 1, 2009. The CDCR will apply adjustments to the approved DJR as appropriate for each jurisdiction. All reimbursements for services provided prior to July 1, 2009, are subject to the maximum DJR applicable to the period for which services are provided.

AUTHORITY	REQUIREMENT	APPENDIX
PC Section 3056	<ul style="list-style-type: none"> Parolee subject to legal custody of CDCR. 	I
PC Section 4016.5	<ul style="list-style-type: none"> CDCR reimburse local jurisdictions for detention cost and parole revocation hearings. 	II
WIC Section 1776	<ul style="list-style-type: none"> DJJ reimburse county detention facilities for housing parole violators. 	III
Budget Act	<ul style="list-style-type: none"> Maximum reimbursement for detention per day per parolee/inmate as annually authorized by the Department of Finance (DOF). Claims be filed within six months after the end of the month in which the costs are incurred. Claims may not include booking fees. Claims are limited to detention costs for days that parolee/inmate is CDCR's legal custody. Expenditures be charged to the fiscal year in which the claim is received by CDCR, or the fiscal year in which the claim is warrant. 	IV
Chapter 961, Statutes of 1984 (AB 3545)	Direct payments to cities and counties for costs incurred in the LAP and Detention Program.	

II. DAILY JAIL RATE

A. DAILY JAIL RATE REQUIREMENTS

The CDCR and DJJ require that the city or county have an annually approved DJR for **each facility** in which State parolees or wards will be housed when invoicing for services pertaining to the detention of parole violators. A complete cost proposal is needed for each facility requiring an approved DJR. A DJR cost proposal need not be submitted for facilities that do not house State parolees or wards. Example: Honor Farm Facility, as State parolees/inmates/wards are not housed in Honor Farms.

B. ANNUAL DAILY JAIL RATE PROPOSAL

The proposed DJR for FY 2009/10 is based on actual costs and the ADP established for FY 2007/08.

ACTUAL FY	INTERIM FY	DJR FY
FY 2007/08	FY 2008/09	FY 2009/10
❖ Actual costs and ADP statistics used in calculating the DJR for FY 2009/10.	❖ No impact at this time. These costs and ADP statistics will be used in computing the FY 2010/11 DJR.	❖ Current DJR due to CDCR. Based on actual costs and ADP statistics from FY 2007/08, and estimated increases or decreases from FY 2007/08 to FY 2009/10 for costs and ADP.
		➔

The methodology for the Annual DJR Proposal is intended to facilitate the use of data for a complete accounting cycle.

Cities and counties must submit one of the following for FY 2009/10 to the CDCR's OAC no later than **March 1, 2009**:

1. DJR Proposal for FY 2009/10 (based on actual data from FY 2007/08); or
2. Request for extension.

ANNUAL DAILY JAIL RATE PROPOSAL TIMELINE	
ACTION REQUIRED	DUE
Cost package submittal	3/1/09
Request for extension	3/1/09

1. DJR PROPOSAL

A DJR cost package proposal must be submitted to the CDCR by the cities and counties. The FY 2009/10 DJR proposal should be based on the actual cost and jail population verified for FY 2007/08.

Adequate documentation to support the DJR Computation Sheet is required. The documentation should be clearly footnoted and cross-referenced so that the amounts

claimed on the DJR Computation Form can be traced to the source documentation. Proposals that do not meet this requirement will not be accepted by the OAC.

The checklist located in Appendix IX, Blank Forms, will assist counties in the preparation of a DJR by assuring that the necessary items are included with the DJR computation forms when submitted for review and approval.

For your convenience, the FY 2009/10 DJR Computation Form and DJR Checklist are available online at the CDCR website:

http://www.cdcr.ca.gov/Parole/Adult_Parole_Operations/DailyJailRate/Daily_Jail_Rate_Manual.html

These documents may also be requested from CDCR, OAC, via email file attachment.

In the event a city or county prefers an alternative DJR Proposal format, please provide sample documentation to the OAC for prior approval. Due to the volume of DJR Proposals reviewed by the OAC, all proposals submitted without a previously approved format will be returned unprocessed to the applicable jurisdiction.

2. REQUEST FOR EXTENSION

Applications for an extension to the FY 2009/10 DJR Proposal should be forwarded in writing to the OAC **prior to March 1, 2009**. Failure to establish an approved DJR will result in delayed payment of reimbursement claims and/or denial of amended invoices for retroactive rate adjustments. When requesting an extension, please include the anticipated completion date for the new DJR proposal. The OAC will review all extension requests and notify county of extended due date.

C. APPROVAL OF THE PROPOSED DJR

The OAC reviews all DJR Proposals for compliance with the DJR Manual. Upon approval, OAC notifications are forwarded to the county/city and the appropriate State representatives.

D. DIRECT COSTS

INCLUDE ALL direct allowable and unallowable costs applicable to detentions only in the first section of the DJR Computation Sheet. Please ascertain that all unallowable direct costs are included in Lines 11 through 18 of the computation sheet. This procedure ensures that unallowable direct costs receive their proportionate share of overhead.

E. ALLOWABLE AND UNALLOWABLE COSTS

All costs, allowable and unallowable, must be supported by appropriate accounting records and source documentation. Allocated costs must be supported by documentation that indicates the methodology used for allocation. Documentation relied on by cities and counties for reimbursements related to the LAP and the Detention Program must adhere to Governmental "Generally Accepted Accounting Principles" (GAAP) as outlined by the American Institute of Certified Public Accountants, Government Accounting Standards Board.

1. ALLOWABLE COSTS

To be allowable, costs included in the DJR calculation must meet all of the following criteria:

- a. Be necessary and reasonable for the proper and efficient operation of the detention facility.
- b. Be allocable to the detention facility.
- c. Conform to the limitations and exclusions pursuant to the PC Section 4016.5 (pertaining to the CDCR) and WIC Section 1776 (pertaining to the DJJ), the DJR Manual, and other applicable State or local laws and regulations.

The following direct costs are allowable only if they pertain to the jail operations (see Appendix VI – Glossary of Definitions):

SALARIES, WAGES, AND BENEFITS, INCLUDING:	
Salaries	Permanent employees
	Temporary employees
	Overtime
	Differential pay
Benefits	Dental insurance
	Disability insurance
	FICA
	FICA Health Insurance
	Health insurance
	Life Insurance-Group
	Management Insurance
	Meal benefits if included in Memorandum of Understanding (MOU) between county/city and Union.
	O.A.S.D.I.
	Retirement
	Unemployment Insurance
	Uniform allowance
	Worker's compensation
	<p>NOTE: Exclude the Sheriff's Salary and Benefits - the sheriff is an elected official and the salary and benefits of the sheriff are not allowed as expenditures when computing detention costs.</p> <p>Attach a listing of all the positions by classification, which are included in the Salary and Benefits reports.</p> <p>Attach a copy of the appropriate expenditure reports and provide any explanations as to deviations between the total Salaries and Benefits line of the expenditure report and the Wages and Benefits line on the DJR Computation Form.</p>
OPERATING EXPENSES, INCLUDING:	
Automobile	Mileage
	Services and Supplies

OPERATING EXPENSES, INCLUDING (CONTINUED):	
Inmate Food Services	Dinning supplies
	Food costs
	Kitchen supplies
Personal	Clothing and personal supplies
	Travel
	Routine dental supplies
Household expenses	Bedding and Linen
	Paper products
	Laundry services and supplies
	Dry cleaning
Maintenance	Equipment
	Automobile
	Buildings
	Grounds
	Office, computer, printing and Lektreiver equipment
	Safety equipment
	Building supplies
Custodial	Cleaning expenses
	Janitorial supplies
Office Expenses	Postage
	Duplicating, printing
	Film
	Supplies
Training	POST
	STC
	All costs associated with maintaining Officer standards
Utilities	Refuse collection
	Water
	Sewage
	Electricity
Publications	Books
	Subscriptions
	Legal notices
	Periodical publications
Professional and Special Services	Data processing
	Memberships and dues
Insurance	General liability
	Malpractice

OPERATING EXPENSES, INCLUDING (CONTINUED):	
Medical	Laboratory services and supplies provided to all inmates
	Care provided to all inmates
	Routine pharmaceutical supplies
	Routine medical supplies
	<p>NOTE: Include all medical costs (routine and non-routine) in the Allowable Direct Cost section of the DJR computation form. Deduct non-routine medical in the Unallowable Direct Cost section of the DJR.</p> <p>Provide detail of routine medical and non-routine medical expenditures and applicable allocations.</p> <p>Bill non-routine medical costs directly to CDCR via the appropriate DAPO-office. Please note that non-routine medical costs must adhere to guidelines detailed on page 11 to be eligible for direct billing to CDCR.</p> <p>Attach a copy of any medical service contract, if applicable. Provide detail of routine medical and non-routine medical expenditures covered under the contract.</p>
Leases/Rent	Equipment
	Real property (but not property leased or rented from the City, County, or State)
Equipment	Safety equipment
	Office furnishings (below capitalization threshold)
	Equipment (below capitalization threshold)
	Small tools and instruments
	NOTE: Attach a copy of the capitalization policy (fixed asset threshold).
Communications (within the jail facility)	Telephones
	Radios
Transportation	Intra-County only (within county lines) or to a State Facility.
NOTE:	<p>Attach verification that the “prior year” expenditures were paid in FY 2007/08.</p> <p>Include all transportation costs (intra and inter) in the allowable direct cost section of the DJR Computation Form. And, deduct inter-county transportation costs in the unallowable direct cost section of the DJR Computation Form.</p> <p>Ensure that Professional and Special Expenses <u>do not</u> duplicate medical costs. <u>The cost of consultants will always be questioned.</u></p> <p>Verify that the cost is necessary and reasonable for the proper and efficient operation of the jail operation, and that State parolees/inmates benefit from the program.</p>

2. UNALLOWABLE COSTS

Consistent with the PC Section 4016.5 (see Appendix II) which requires that CDCR reimburse cities or counties for jail services using “...the same cost factors as are utilized by the (California) Department of Corrections and Rehabilitation in determining the cost of prisoner care in State correctional facilities...” and with the State Administrative Manual (SAM) Section 8752, et seq., (see Appendix V) the costs listed below are unallowable when computing the city’s or county’s DJR.

Unallowable functions/costs generally are those that are for the benefit of the entire city or county rather than specifically for the LAP and/or Detention Programs and/or those costs that are incurred by the city or county regardless of the actual presence of a State parolee/inmate.

The following are some of the characteristics of unallowable functions:

- ❖ The activity is legislative in nature.
- ❖ The activity produces benefits for jail programs, but not State parolees/inmates housed in the city/county facility; e.g., work furlough, home detention, etc.
- ❖ The activity is undertaken for the benefit of the entire city or county, or for the general public.
- ❖ The activity is a general function required to carry out the overall responsibilities of local government. Some examples of the above are: Board of Supervisors’ review, advertising, salaries of elected officials, and donations.



NOTE: For questions whether a specific cost is allowable, the city or county should contact the OAC at (916) 255-2645 for approval prior to including the expense in the DJR computation.

A list of unallowable costs is indicated below. An explanation of each cost is contained in Appendix VI, Glossary of Definitions.

UNALLOWABLE COSTS	
Advertising	Home detention
Booking costs, including classification costs	Equipment that meets or exceeds the county or city’s capitalization policy
Capital assets	Facility lease or use costs
Commissary costs	Fines and penalties
Communications or radio services, outside of the jail facility	Insurable losses
Contingencies	Interest and other finance costs
Contributions and donations	Legal expenses
Depreciation costs	Meals for guests

UNALLOWABLE COSTS (CONTINUED)	
Elected official's salaries and benefits	Non-routine medical expenses
Encumbrances	Non-routine pharmaceutical expenses; i.e., prescriptions
Inmate Programs (vocational, educational, rehabilitative, etc.)	Transportation outside of the county lines, excluding transportation to a State facility
Loans for capital improvements	Lease from the county or from the city government for jail space.
Work furlough	



NOTE: Unallowable costs must be included as both a direct cost and then removed as an unallowable direct cost on Lines 12-17 on the DJR Computation Schedule. This will ensure that the correct percentage of allowable indirect costs is calculated and applied to the DJR.

F. NON-ROUTINE MEDICAL/DENTAL AND MISCELLANEOUS EXPENSES

1. Non-Routine Medical/Dental Expenses:

Definition:

“Non-routine medical expenses” refers to medical services provided to an individual for a specific condition or specialized care, such as those that typically requires a specialized physician (e.g., dermatology, psychiatry, cardiology, endocrinology, neurology, oncology, etc.).



NOTE: If the medical treatment is not provided to all inmates, it is non-routine and must be captured and reported as such.

Non-routine medical expenses are unallowable as a direct cost in the DJR calculation, and may be billed by the city or county directly to HASS, via the appropriate DAPO Regional Headquarters Office. (See Chapter VI, CDCR Claims Processing.)

NOTIFICATION REQUIREMENTS AND AUTHORIZATION FOR TREATMENT:

Please refer to Chapter VI, Claims Processing, for specific documentation requirements.

If a State parolee in the custody of the city or county requires non-routine medical care after being received, the city or county must provide verbal notification to the Unit Supervisor of the respective parole unit within 24 hours. The city or county shall document action taken towards verbal and written notification.

Additionally, within three consecutive days of continuous emergency non-routine medical care, the city or county must provide written notice to the State for a determination whether to release the State's parole hold or remove said parolee/inmate from the care of the city or county. Notification shall be directed in writing to the appropriate Unit Supervisor.

The Unit Supervisor will immediately forward such notice, including the specific nature and level of medical services required, to the respective District Administrator.

The District Administrator shall forward pertinent details to the DAPO Headquarters Health Care Coordinator for evaluation and disposition. Current Health Care Coordinator contact information is as follows:

Jill Dubbs, SSMII
 P.O. Box 942883
 Sacramento, CA 94283-0001
 Phone: (916) 445-3983
 Fax: (916) 323-1676
 Email: Jill.Dubbs@cdcr.ca.gov

The District Administrator will communicate the final determination to the Unit Supervisor, who will be responsible for authorizing treatment and continuing a parole hold or removing the effected parolee from the city or county jail, as appropriate.

Non-routine medical needs of a non-emergency nature require written pre-authorization from the DAPO, and shall be processed in a manner similar to that of an emergency medical need.

Failure to meet notification requirements and authorization for treatment shall nullify the obligation of the State to accept financial responsibility for any parolee requiring non-routine medical care.

The State will not compensate the city or county for the cost of housing parolees/inmates, including medical cases, beyond the scheduled day of transport who are confirmed by the city or county as “ready to transport” and unavailable on the scheduled day, unless such delays are beyond the control of the city or county.

EVENT	RESPONSIBILITY	ACTION
Parolee in custody requires non-routine medical care.	City or county	Within 24 hours, must provide verbal notification to the Parole Unit Supervisor re: required medical care.
Parolee in custody requires emergency non-routine medical care.	City or county	Within three consecutive days, must provide written notice to the State re: emergency care.
Notification of non-routine medical care received.	Parole Unit Supervisor	Forward notice to the District Administrator.
Notification of non-routine medical care received.	District Administrator	Forward notice to DAPO Health Care Coordinator for evaluation and disposition.

EVENT	RESPONSIBILITY	ACTION
Final determination established as to whether to release parole hold or remove parolees/inmate from the care of the city or county.	District Administrator	Communicate determination to Parole Unit Supervisor.
Final determination communicated from District Administrator.	Parole Unit Supervisor	Either authorize treatment and continue parole hold, or remove parolee from city or county care.

2. Miscellaneous Expenses:

Invoices and required attachments which bill the CDCR for any miscellaneous costs incurred on behalf of a parolee/inmate during authorized detention which are not covered by the DJR may be invoiced and billed to the CDCR. (See Chapter VI, CDCR Claims Processing.)

G. INDIRECT COSTS

Indirect costs (or overhead) are those costs incurred for a common or joint purpose, benefiting more than one program and not directly assignable to a particular program; e.g., central government service costs and overhead costs for the units providing support to the facility.

Indirect costs pertaining to detention operations shall exclude unallowable cost factors noted in Chapter II, Section E, Allowable and Unallowable Costs. Costs that may be included in this line item are:

1. Costs approved for use in the FY 2007/08 Indirect Cost Rate Proposal (ICRP) or County Wide Cost Allocation Plan (COWCAP).

To include the ICRP or COWCAP in the Indirect Cost calculation, subtract building and equipment use costs and include any roll forward amount. Unless unallowable under PC Section 4016.5, other costs included in the ICRP or COWCAP are acceptable Indirect Costs and must be allocated appropriately to each cost center.

2. Any departmental, divisional or other allowable indirect detention costs (overhead) as defined in this DJR Manual, including salaries and benefits and services and supplies, less any applicable revenues or reimbursements.

For additional information regarding unallowable indirect costs within a city or county cost plan, see Sections 2430-2440 of the Handbook of Cost Plan Procedures for California Counties, State Controller's Office (SCO). Please note that all costs must be consistent with the requirements of PC Section 4016.5.

All indirect costs must be allocated based on the percentages that each cost center benefits from the indirect costs. The cost proposal must include a worksheet detailing the basis for the allocation (salaries and benefits, etc.), actual percentages used, and dollar amounts. A copy of the expenditure reports is required in all cases and regardless of methodology. Please footnote and/or cross-reference all figures from source documentation to the computation.

The following indirect costs are allowable only in proportion to the jail operations:

INDIRECT COSTS	
Applicable Detention Overhead Costs	COWCAP costs, formally approved by the SCO as estimated costs for use in FY 2007/08 :
	<ul style="list-style-type: none"> ▪ INCLUDE the roll forward amount from the COWCAP. ▪ EXCLUDE the building and equipment use costs from the COWCAP. ▪ EXCLUDE any unallowable costs.
	Any departmental or divisional applicable overhead costs, including:
	<ul style="list-style-type: none"> ▪ Salaries and benefits, and ▪ Services and supplies. ▪ Less any applicable offsetting reimbursement. <p>NOTE: Allocated indirect costs must be accompanied by allocation worksheets and supporting expenditure reports.</p>
	Sheriff's Office expense, less:
	<ul style="list-style-type: none"> ▪ The Sheriff's salary and benefits

H. OFFSETTING REIMBURSEMENTS AND APPLICABLE CREDITS

Dual funding is not allowed. Reimbursements or funding from federal, State or other sources must be used to offset costs incurred for programs related to PC Section 4016.5 or WIC Section 1776. The exception to this are reimbursements received from other agencies for their inmates, provided that:

1. The services provided for housing their inmates are similar to services for CDCR parolees/inmates, and
2. Those inmates are included in the ADP count; e.g., reimbursement received from the federal government for housing federal inmates.

All reimbursements for direct jail services must be offset against direct cost expenditures. Such offsetting reimbursements include, but are not limited to:

1. Training funds supported by a federal or State program.
2. Parole revocation hearing reimbursements for direct jail expenses, such as security staff or jail utilities, but not for the reimbursement of costs incurred outside of the jail.
3. Transportation costs reimbursed by the federal, State, or local government through other approved programs.
4. Court security service reimbursements for direct jail expenses such as for security staff.
5. Other mandated cost reimbursements or offsetting grants applicable to costs claimed for the DJR.
6. Reimbursements received for services provided to other facilities such as laundry service, food service, etc.
7. Inmate medical co-payments.
8. Reimbursements from employees for food services, jury duty, personal telephone calls, and witness fees.

9. Applicable credits refer to those receipts or reduction of expenditure-type transactions that reduce expense items included in the DJR calculation, to the extent that such revenues and credits are measurable and available for the city's or county's detention operation. Examples of such transactions are:
- a. Purchase discounts.
 - b. Recoveries or indemnities on losses.
 - c. Insurance refunds or rebates.
 - d. Adjustments of overpayments or erroneous expenditures.
 - e. Rebates from vendors.

If credits and/or revenues reduce allowable DJR costs, they must be claimed as an offsetting reimbursement.

III. COMPLETING THE DJR COMPUTATION FORM

NOTE:

- **Documentation** supporting reimbursement must adhere to GAAP as outlined by the American Institute of Certified Public Accountants.
- **Reference** specific exhibit, attachment or note on the DJR computation form that supports each line item indicated on the computation form.
- **Identify** combinations of object codes from support documents that make up a line item on the computation form.
- **Include** all applicable source documents; i.e., expenditure reports, budget reports, etc.
- **Verify** with the checklist to ensure all necessary supporting documentation is enclosed with your DJR computation form. **Include** any spreadsheets explaining the basis of the allocation, if costs are being allocated.
- **Support** documents should be copied to **letter size (8 1/2 x 11) paper when possible**.
- **Cross-reference** support work papers to source documents.

ACTUAL EXPENDITURES FOR FY 2007/08:

A. Lines 2 - 9

Include all **allowable** and **unallowable direct** costs for the jail facility. Deduct unallowable direct costs in lines 12-17.

1. Line 2:

Wages and Benefits - Use the FY 2007/08 actual costs for the jail facility(ies).

Attach:

- i. A copy of the expenditure report that lists the items and the amounts expended in salaries and benefits.
- ii. A listing by classification of the positions included in the salaries and benefits.

If salaries or benefits were allocated, attach:

- i. A worksheet showing the basis for the allocation, the actual percentages used and the dollar amount.
- ii. A copy of the actual expenditure reports even if the costs were allocated.

Identify any attachments as a footnote on the worksheet.



NOTE: Do not include any salaries or benefits for Administration in this line item. Administration is considered to be part of the Indirect Costs. Do not include any salaries or benefits for any elected officials, such as the Sheriff, as they are unallowable costs.

2. **Line 3**

Services and Supplies - Use the FY 2007/08 actual costs. Attach a copy of the expenditure report that lists the items and the amounts expended in services and supplies for the jail facility.

If services and supplies were allocated, be sure to include a worksheet showing the basis for the allocation, the actual percentages used and the dollar amount. Attach a copy of the expenditure reports even if the costs were allocated. Identify any attachments as a footnote on the worksheet.

3. **Line 4**

Medical Costs – For the purpose of calculating the DJR, **include costs for both routine and non-routine medical costs**. Non-routine medical costs should be deducted in lines 12-17.

Attach a copy of the expenditure report that list the items and amounts expended for medical costs. If there is a medical contract with another agency to provide routine medical care for the jail facility, submit a copy of the contract. Ensure that the contractor provides an expenditure report classifying routine and non-routine medical services as defined in this manual.

If medical costs were allocated, be sure to include a worksheet showing the basis for the allocation, the actual percentages used, and the dollar amount. Attach a copy of the expenditure reports even if the costs were allocated. Identify any attachments as a footnote on the worksheet.

4. **Line 5**

Equipment Purchases - If equipment purchases were listed separately from services and supplies, follow the same requirements as for services and supplies above. Identify any attachments as a footnote on the worksheet. **Equipment defined as capital assets by the county/city's capitalization policy are unallowable and should be excluded entirely from the DJR calculation.** Include a copy of the capitalization policy and a complete description of each capital asset, including the cost.

5. **Lines 6 - 9**

Other Direct Costs - List any other direct costs separately and explain them in a footnote. Include only costs directly attributed to the jail facility(ies).

If other direct costs were allocated, be sure to include a worksheet showing the basis for the allocation, the actual percentages used, and the dollar amount. Attach a copy of the

expenditure reports even if the costs were allocated. Identify any attachments as a footnote on the worksheet.



NOTE: Do not include any costs charged to Administration in this line item. Administration costs are considered to be part of the Indirect Costs.

B. Line 10

Total Direct Costs - Enter the sum of the costs from lines 2-9.

C. Lines 12 - 17

Less: Unallowable Direct Costs - List any unallowable direct costs that are included in Direct Costs (e.g., booking costs (not booking revenue), non-routine medical costs, home detention programs, work furlough, or radio service outside the jail facility (ies), etc.).

D. Line 18

Total Unallowable Direct Costs - Add together lines 12-17.

E. Line 19

Allowable Direct Costs - Subtract line 18 from line 10.

F. Line 20

Or Other Basis - If the city or county uses another method to determine Allowable Direct Costs, a detailed explanation and documentation must be provided. Identify any attachments as a footnote on the worksheet.

G. Line 21:

Indirect costs (overhead) pertaining to detention operations shall exclude unallowable cost factors noted in Chapter II, Section E, Allowable and Unallowable Costs.

Costs that may be included in this line item are:

1. Costs approved for use in the FY 2007/08 ICRP or COWCAP.

To include the ICRP or COWCAP in the Indirect Cost calculation, subtract building and equipment use costs and include any roll forward amount. Unless unallowable under PC Section 4016.5, other costs included in the ICRP or COWCAP are acceptable Indirect Costs and must be allocated appropriately to each cost center.

2. Any departmental, divisional or other allowable indirect detention costs (overhead) as defined in this DJR Manual, including salaries and benefits and services and supplies, less any applicable revenues or reimbursements.

For additional information regarding unallowable indirect costs within a city or county cost plan, see Sections 2430-2440 of the Handbook of Cost Plan Procedures for California Counties, SCO. Please note that all costs must be consistent with the requirements of PC Section 4016.5.

All indirect costs must be allocated based on the percentages that each cost center benefits from the indirect costs. The cost proposal must include a worksheet detailing the basis for the allocation (salaries and benefits, etc.), actual percentages used, and dollar amounts. A copy of the expenditure reports is required in all cases and regardless of methodology. Please footnote and/or cross-reference all figures from source documentation to the computation.

H. Line 22

Allow Dir/Total Dir - This percentage is obtained by dividing the allowable direct costs by the total direct costs. Divide the amount on line 19 by the amount on line 10: enter the result on line 22 as a percentage with two decimal places.

I. Line 23

Allowable Indirect Costs - Multiply the value on line 21 by the percentage on line 22.

J. Line 24

Total Expenditures - This is the total FY 2007/08 program expenditures. Add lines 19 and 23 or lines 20 and 23.

K. Line 26 - 30

Less: Offsetting Reimbursements and Applicable Credits - Costs already reimbursed or funded from Federal or State government or other sources, cannot be reimbursed again under PC Section 4016.5 or WIC Section 1776. **Dual funding is not allowable.** (See exception, Chapter II, Section H.)

L. Line 31

Total Offsetting Reimbursements and Applicable Credits - Add together values from lines 26-30.

PROJECTED EXPENDITURES FOR FY 2009/10:

M. Line 32

Allowable Costs - This is the total allowable FY 2007/08 program expenditures; subtract line 31 from 24.

N. Line 33

Allowable Costs (FY 2007/08) - The value amount on line 32 is carried forward.

O. Line 34

Estimated 2-Year % Cost Increase/Decrease – This estimate is required as actual expenditures from two FYs ago are being used to project expenditures for FY 2009/10.

The types of costs used to calculate the two-year percentage cost increase/decrease **must be the same types of costs used to calculate the DJR in order to avoid excessive retroactive adjustments.** (See Chapter II, Section E, Allowable and Unallowable Costs.) The method used must be reasonable and supported by documentation that includes an explanation describing how the two-year percentage cost increase/decrease was determined. Report the percentage with two decimal places.

The CDCR requires using either Formula 1 or 2 below as these costs have been approved by CDCR as DJR costs, and therefore will result in an estimate that produces a projected DJR that is not subject to an inflated adjustment.

1. Allowable costs from Line 32 of the approved FY 2007/08 DJR Computation Form divided by allowable costs from Line 32 of the approved FY 2006/07 DJR Computation Form, less 1, and then multiplied by 2.
2. Allowable costs from Line 32 of the approved FY 2007/08 DJR Computation Form divided by allowable costs from Line 32 of the approved FY 2005/06 DJR Computation Form, less 1.

If the County elected the carry forward option for FY 2007/08, no approved DJR is on file, therefore the County is required to use either formula 3 or 4 below.

3. Allowable approved budgeted costs for FY 2008/09 divided by actual costs for FY 2007/08, less 1, and then multiplied by 2.
4. Allowable approved budgeted costs for FY 2008/09 divided by actual costs for FY 2006/07, less 1.

P. Line 35

Amount of Estimated 2-Year Increase/Decrease - Multiply the amount on line 33 by the percentage on line 34.

Q. Line 36

Total Allowable Costs for FY 2009/10 Rate Computation - Add lines 33 and line 35.

R. Line 37

Reported Average Daily Jail Population - Attach a copy of the monthly ADP for FY 2007/08 for the jail facility or a copy of the official city or county document where this population figure appears. Report the ADP with two decimal places.

S. Line 38

Calendar Days - Enter the total number of days in FY 2009/10: 365.

T. Line 39

Total Projected Jail Population - Multiply value on line 37 by the value on line 38.

U. Line 40

Estimated 2 Year % Population Increase/Decrease - Enter the estimated percentage increased/decreased jail population for FY 2009/10. Provide worksheets and source documentation substantiating the expected jail population for FY 2009/10. A zero population growth must be accompanied by a court order reducing the jail population. The method used must be reasonable and carefully calculated in order to avoid material fluctuations in the DJRs from year to year. Report this percentage with two decimal places.

Proposed formulas:

- 2007/08 ADP minus 2005/06 ADP equals ____ divided by 2005/06 ADP.

Example:

FY 2007/08 ADP	_____	(1)
- FY 2005/06 ADP	_____	(2)
= Change	_____	(1) - (2) = (3)
% Population Incr./Decr.	_____	(3) / (2)

- Average increase/decrease over past five years.

Example:

FY	2003/04	2004/05	2005/06	2006/07	2007/08
ADP	1,417	1,479	1,586	1,474	1,110
		-1,417	-1,479	-1,586	-1,474
Change		62	107	-112	-364
Incr/Decr		4.38%	7.23%	-7.06%	-24.69%
Average Increase/Decrease (-20.14% divided by 4)					-5.04%
Multiply by 2 for two-year estimate					-10.08%

The OAC recommends using the more conservative estimate that best reflects the ADP trend in the facility in order to avoid large fluctuations in the rate paid.

V. Line 41

Estimated FY 2009/10 Jail Population - Multiply the value on line 39 by the percentage on line 40, and then add the result to the amount shown on line 39.

W. Line 42

Daily Jail Rate (FY 2009/10) - Divide value on line 36 by the value on line 41.



NOTE: The maximum per day reimbursement for detention costs as established annually in the Budget Act.

FISCAL YEAR 2009/10

DAILY JAIL RATE COMPUTATION

COUNTY/JAIL NAME		Prepared By:	
ACTUAL EXPENSE FOR: FY 2007/08		REPORTED COSTS	REFERENCE
1	DIRECT COSTS: (Allowable and Unallowable)		
2	Wages and Benefits		
3	Services and Supplies		
4	Medical Costs (Routine and Non-Routine)		
5	Equipment Purchases (Non-capitalized)		
6			
7			
8			
9			
10	Total Direct Costs		Total of Lines 2 through 9
11	LESS: Unallowable Direct Costs		
12	Booking Costs		
13	Non-Routine Medical Costs		
14	Communication Costs (outside of the jail facility)		
15	Home Detention		
16	Work Furlough		
17			
18	Total Unallowable Direct Costs		Total of Lines 12 through 17
19	ALLOWABLE DIRECT COSTS		Line 10 less Line 18
20	Or Other Basis		
21	INDIRECT COSTS		
22	Allow Dir/Total Dir Equals The Allowable % of Indir Costs	%	Line 19 divided by Line 10
23	ALLOWABLE INDIRECT COSTS		Line 21 multiplied by Line 22
24	TOTAL EXPENDITURES		Line 19 plus Line 23 or Line 20 plus Line 23
	LESS:		
25	Offsetting Reimbursements & Applicable Credits		
26	STC		
27	POST		
28	Transportation		
29	Morrissey		
30	Inmate Medical Co-pay		
31	TOTAL: Offsetting Reimbursements & Applicable Credits		Total of Lines 26 through 30
32	ALLOWABLE COSTS		Line 24 less Line 31

FISCAL YEAR 2009/10

DAILY JAIL RATE COMPUTATION

COUNTY/JAIL NAME		Prepared By:
PROJECTED EXPENDITURES FOR: FY 2009/10	REPORTED COSTS	REFERENCE
33 Allowable Costs (FY 2007/08)		From Line 32 on Page 1
34 Estimated 2 Year % Cost Increase/Decrease	%	See DJR Manual, Chapter III
35 Amount of Estimated 2 Year Increase/Decrease		Line 33 multiplied by Line 34
36 TOTAL ALLOWABLE COSTS FOR FY 2009/10 RATE COMPUTATION		Line 33 plus Line 35
FISCAL YEAR 2009/10		
	Requested	
37 Reported Average Daily Jail Population (FY 2007/08)		See DJR Manual, Chapter III
38 Calendar Days (FY 2009/10)	365	
39 Total Projected Jail Population (FY 2009/10)		Line 37 multiplied by Line 38
40 Estimated 2 Year % Population Increase/Decrease	%	See DJR Manual, Chapter III
41 Estimated FY 2009/10 Population		(Line 39 x Line 40) + Line 39
42 DAILY JAIL RATE (FY 2009/10)	Do Not Exceed Cap	Line 36 divided by Line 41

IV. INSTRUCTIONS FOR COMPLETING THE PRIOR RATE ESTIMATE ADJUSTMENT SCHEDULE FY 2009/10(A)

As in prior years, the city or county may use the Prior Rate Adjustment Schedule to adjust the reimbursements received for detention costs for FY 2007/08.

If the city or county was overpaid, the CDCR will deduct overpayment amounts from invoices submitted during FY 2009/10, until such time that the CDCR has affected full recovery. If the city or county was underpaid, the city or county may submit CDCR 2131-B, Consolidated Amended Invoice Parolee/Inmate Detention (see Appendix IX, Blank Forms), with the corrected DJR rate for FY 2007/08 as calculated below:

A. Line 1

Total Allowable Costs for Fiscal Year (FY) 2007/08 - Enter the value on line 33 of the DJR Computation Schedule for **FY 2009/10**.

B. Line 2

Average Daily Population in FY 2007/08 - Enter the value on line 37 of the DJR Computation Schedule for **FY 2009/10**.

C. Line 3

Total Calendar Days in FY 2007/08 - Enter the total number of days in **FY 2007/08**: 365.

D. Line 4

Total Actual Inmate Days in FY 2007/08 - Multiply the value on line 2 by the value on line 3 and enter the amount.

E. Line 5

Corrected DJR Rate approved for FY 2007/08 - Divide the value on line 1 by the value on line 4 above.

F. Line 6

Daily Jail Rate approved for this facility for use in FY 2007/08 - Enter the DJR approved by CDCR for FY 2007/08 as shown on line 42 of the approved DJR Computation Schedule for **FY 2007/08**.

G. Line 7

Difference - Subtract the value of line 5 above from the value of line 6 above.

If the DJR on Line 5 is under the \$77.17 cap (effective through June 30, 2008), and is less than Line 6, the city or county was overpaid for FY 2007/08 invoices. CDCR will collect the overpayment from future invoices.

If the DJR on Line 5 is under the cap, and is greater than Line 6, the city or county was underpaid for FY 2007/08 invoices. Use CDCR 2131-B, Consolidated Amended Invoice for Parolee/Inmate Detention, and invoice CDCR for the difference.

If the DJR on Line 5 is the capped rate or more, and Line 6 is less than the capped rate, the city or county was underpaid for FY 2007/08 invoices. Use CDCR 2131-B, Consolidated Amended Invoice for Parolee/Inmate Detention, and invoice CDCR for the difference. Underpayment will be based on the difference between the cap and Line 6.

If the DJR on Line 5 is the capped rate or more, and Line 6 is equal to the cap, there will be no adjustments made. The cap of \$77.17 placed on DJR rates, as established by the Budget Act of 2007, remains in effect for services provided through June 30, 2008.

FISCAL YEAR 2009/10

DAILY JAIL RATE COMPUTATION

COUNTY/JAIL NAME		Prepared By:	
PRIOR RATE ESTIMATE ADJUSTMENT		Sched. 2009/10 A	
	DESCRIPTION OF ITEM	REPORTED AMOUNT	REFERENCE
1	TOTAL ALLOWABLE COSTS FOR FISCAL YEAR (FY) 2007/08		From Line 33 of DJR Computation Schedule for FY 2009/10
2	AVERAGE DAILY POPULATION IN FY 2007/08		From Line 37 of DJR Computation Schedule for FY 2009/10
3	TOTAL CALENDAR DAYS IN FY 2007/08	365	
4	TOTAL ACTUAL INMATE DAYS IN FY 2007/08		Line 2 x Line 3
5	CORRECTED DJR FOR FY 2007/08		Line 1 Divided by Line 4
		Subject to \$77.17 cap	
6	DAILY JAIL RATE APPROVED FOR THIS FACILITY FOR USE IN FY 2007/08		From Line 42 of CDCR's Approved DJR Computation Schedule for FY 2007/08
		Subject to \$77.17 cap	
7	DIFFERENCE		Line 5 less Line 6
<p>If the DJR on Line 5 is under \$77.17, and is less than Line 6, the county/city was overpaid for FY 2007/08 invoices. CDCR will collect the overpayment from future invoices.</p> <p>If the DJR on Line 5 is under \$77.17, and is greater than Line 6, the county/city was underpaid for FY 2007/08 invoices. Use CDCR 2131-B, Consolidated Amended Invoice for Parolee/Inmate Detention and invoice CDCR for the difference.</p> <p>If the DJR on Line 5 is \$77.17 or more, and Line 6 is less than \$77.17, the city or county was underpaid for FY 2007/08 invoices. Use CDCR 2131-B, Consolidated Amended Invoice for Parolee/Inmate Detention and invoice CDCR for the difference. Underpayment will be based on the difference between \$77.17 and Line 6.</p> <p>If the DJR on Line 5 is \$77.17 or more, and Line 6 is equal to \$77.17, there will be no adjustments made. The cap of \$77.17 maximum as established by the Budget Act remains in effect for services provided through June 30, 2008.</p>			

FISCAL YEAR 2009/10

DAILY JAIL RATE COMPUTATION

COUNTY/JAIL NAME	Prepared By:
<u>Explanations of Adjustments:</u>	
<div></div>	

V. PAROLE REVOCATION HEARING RATE

A. PAROLE REVOCATION HEARING RATE

Parole revocation hearings are an administrative process during which the parole agent presents to the BPH all known facts regarding a violation of parole, a description of a parolee's conduct while on parole and a recommendation appropriate to the case. Adverse/friendly witnesses and the supervising parole agent take testimony in the parolee's presence. The BPH makes the determination whether parole should be revoked.

The Parole Revocation Hearing is inclusive of "Morrissey" and "Valdivia" processes. The "Valdivia" court order, or "Valdivia Remedial Plan," requires that the BPH develop and implement specific policies and procedures as part of the overall revocation process to ensure continuous compliance with all requirements of the court order. Local jurisdictions should incorporate all costs for accommodating the expanded revocation processes into the PRHR Proposal submitted to the OAC for approval. The billing rate may include, but is not limited to, the cost of security services provided and hearing room charges, including a provision for electrical power, gas, water, telephone, DSL connectivity, refuse collection, etc., and transportation costs. Billings will be computed on a per hearing basis. Charges for security services should be predicated on the average hourly wage for a deputy sheriff (security personnel). In the event security staff is provided at parole revocation hearings on an overtime basis, the overtime rate should not reflect the cost of staff benefits.

B. ANNUAL HEARING RATE PROPOSAL

The PRHR Proposal must be submitted annually and shall include cost detail from the last completed FY; i.e., the PRHR Proposal for FY 2009/10 is based on actual costs for FY 2008/09. The methodology for the annual PRHR Proposal is intended to facilitate the use of data for a complete accounting cycle.

PRHR Proposals are due to the OAC between September 1 and January 1 for the upcoming FY.

Supporting documentation for claimed expenditures must accompany all PRHR Proposals. In the absence of complete documentation, the PRHR Proposal will be denied by the OAC pending receipt of additional documentation.

ANNUAL PAROLE REVOCATION HEARING RATE PROPOSAL		
EVENT	ACTION REQUIRED	DUE
Increase/decrease in salaries and benefits of deputy sheriff (security personnel) and/or other applicable hearing room and utility costs.	Hearing Rate Cost package submittal	1/1/10
Extension needed to submit hearing rate package.	Request for extension	1/1/10

1. REQUEST FOR EXTENSION

A city's or county's request to extend the January deadline must be in writing and received by the OAC no later than January 1. All requests for a time extension shall state the reason(s) for said time extension and anticipated completion date for the hearing rate proposal. A determination whether to grant the time extension shall be at the sole discretion of the OAC.

C. PAROLE REVOCATION HEARING RATE COST PACKAGE REQUIREMENTS

Include the following in the PRHR Cost Package:

1. A copy of the applicable FY pay scale, or any other forms of verification of the salary used, listing the annual salary of the deputy sheriff (security personnel).
2. A copy of the applicable portion of the MOU or contract between the city or county and union that lists the employee benefits for the deputy sheriff.
3. A copy of the expenditure report that lists the applicable utility charges used in the PRHR calculation.
4. A copy of the expenditure report itemizing costs associated with the expanded hearing process.
5. A copy of the expenditure report that lists applicable transportation charges used in the PRHR calculation.
6. A copy of the actual records kept for all hearings for FY 2008/09 to calculate the average length of a hearing.
7. An explanation of the methodology in calculating the average time to escort an inmate to and from the hearing.
8. All work papers documenting and cross-referencing the PRHR calculation.

D. PAROLE REVOCATION HEARING RATE FORMULA

To determine the hearing rate, multiply the hourly rate by the average duration of a hearing. The average time per hearing must be based on actual records kept for each hearing for FY 2009/09. The records should specify the parolee, and length and location of the hearing. Include the supporting records when submitting the proposed rate.

The county may determine the average amount of security time used to escort an inmate from their cell to the hearing room and back. This time would be added to the hearing rate time. Provide an explanation of methodology used to calculate this time.

All applicable costs associated with accommodating the expanded revocation process should be included in the PRHR Proposal and must be supported with adequate documentation and clearly footnoted and cross-referenced for verification by the OAC.

E. PAROLE REVOCATION HEARING RATE CLAIM SUBMITTAL

Claims for reimbursement of security services and facilities provided for the conduct of parole revocation hearings by the BPH shall be prepared by the responsible agency at the local level (i.e. county fiscal office, Sheriffs' office, etc.) in the format prescribed by the CDCR. (See Chapter VI, Claims Processing, for specific instructions.)

Additionally,

1. Revocation hearing invoices shall include charges for a single month.
2. The local agency shall submit revocation hearing invoices on required forms (see reference above), or if computer produced, in the format required by the CDCR, including the name, title, address and phone number of the person preparing the invoice.
3. The local agency must submit claims for revocation hearing services within six months after the end of the month in which the costs were incurred.
4. The local agency shall send **all** revocation hearing invoices **in triplicate** directly to the appropriate DAPO Regional Headquarters Office (see Section VI, C, CDCR Claims Processing, Claims Submittal).

F. RELATIONSHIP BETWEEN THE PAROLE REVOCATION HEARING RATE AND THE DAILY JAIL RATE

Reimbursement for parole revocation hearings should be reported in the "Offsetting Reimbursement" section of the DJR computation schedule. Include a copy of the revenue report or general ledger that indicates the total amount received for the parole revocation hearing reimbursements within the applicable FY. (Do not include anticipated revenue for amounts billed CDCR but not yet paid.)



NOTE: The DJR computation schedule reports actual direct costs, indirect costs and offsetting reimbursements from two years prior; therefore, the offsetting PRHR revenues received from FY 2007/08 need to be claimed on the FY 2009/10 DJR Computation Schedule.

VI. COMPLETING THE PRHR COMPUTATION FORM

ACTUAL EXPENDITURES FOR FY 2008/09:

NOTE:

- **Documentation** supporting reimbursement must adhere to GAAP as outlined by the American Institute of Certified Public Accountants.
- **Reference** specific exhibit, attachment, or note on the PRHR computation form that supports each line item indicated on the computation form.
- **Identify** combinations of object codes from support documents that make up a line item on the computation form.
- **Include** all applicable source documents; i.e., expenditure reports, budget reports, etc.
- **Verify** with the checklist to ensure all necessary supporting documentation is enclosed with your PRHR computation form. **Include** any spreadsheets explaining the basis of the costs.
- **Support** documents should be copied to **letter size (8 1/2 x 11) paper when possible**.
- **Cross-reference** support work papers to source documents.

RATE BASED ON REGULAR WAGES WITH BENEFITS

A. Line 1

Average Hourly Deputy Sheriff Wage (Security Cost) – Use the FY 2008/09 actual costs for the deputy sheriff (security personnel) wages to determine the average hourly wage.

If the employment benefit package for the deputy sheriff includes vacation and other paid leave days, apply the following formula for determining the average hourly wage:

Deputy Sheriff annual salary (1 + benefit percentage)
÷ (8 hours/day x number of working days for applicable period (365 less weekends))
= Average hourly wage

If the employment benefit package for the deputy sheriff excludes vacation and other paid leave days, apply the following formula for determining the average hourly wage:

Deputy Sheriff annual salary (1 + benefit percentage)
÷ (8 hours/day x number of working days for applicable period (365 less weekends, vacation and other leave days))
= Average hourly wage

Attach:

- i. A copy of the pay scale or other forms of verification of salary used, listing the annual salary.

- ii. A copy of applicable portion of the MOU or contract between county and union.

B. Line 2

Utility Costs for Hearing Room – As in the DJR computation, the facility use costs are unallowable. However the utility costs for the room can be reimbursed.

As in the DJR computation, facility use costs are unallowable. However, utility costs for the hearing room can be reimbursed. Determine the utilities cost rate by applying the following formula:

- a. Use the utility costs for the custody facilities derived from the last completed FY expenditure reports (include the service of electric power, gas, water, telephone, DSL connectivity, refuse collection, etc.).
- b. Divide the utility cost amount used above by the total amount of the FY custody salaries and benefits.
- c. Multiply the resulting percentage in (b) above by the average hourly wage for security staff. The result is the utility cost per hour.

Attach a copy of the expenditure report that lists the applicable utility charges.

C. Line 3

Transportation Costs – These costs must be directly attributed to the actual transportation of the inmates involved in the hearing process.

The county may bill for the actual allowable costs for transporting an inmate from one location to the hearing site and back. These costs must be substantiated and directly attributed to the actual transportation of the inmates involved in the hearing process. Determine the transportation cost rate by applying the following formula:

- a. Use the transportation costs for the custody facility (as in the DJR capture only the allowable transportation costs, such as vehicle maintenance).
- b. Divide the transportation cost amount used above by the total amount of the FY custody salaries and benefits.
- c. Multiply the resulting percentage in (b) above by the average hourly wage for security staff. The result is the transportation cost per hour.

Attach a copy of the expenditure report that lists applicable transportation charges.

D. Line 4

Total Applicable Hourly Hearing Costs – Add together lines 1-3.

E. Line 5

Total Applicable Hourly Hearing Costs – Automatically populates from line 4.

F. Line 6

Divided by 60 Minutes – Fixed cell that represents 60 minutes.

G. Line 7

Total Cost Per Minute - Automatically divides line 5 by line 6 to determine a cost per minute hearing cost.

H. Line 8

Average Duration of Hearing – The average time per hearing must be based on actual records kept for each hearing for the FY 08/09.

Attach supporting records for the hearing to include the parolee, length and location of the hearing.

I. Line 9

Security Time to Escort Inmate To and From Hearing – If applicable, the additional security cost associated with escorting an inmate from their cell to the hearing room and back, may be added to the average length of the hearing.

Provide an explanation of the methodology used to calculate the additional security cost to escort the inmate.

J. Line 10

Total Duration of Hearing in Minutes – Add together lines 8-9

K. Line 11

Total Hearing Rate – automatically multiplies line 7 x line 10 to determine the Total Hearing Rate.

RATE BASED ON OVERTIME WAGES WITHOUT BENEFITS

L. Line 1

Average Hourly Deputy Sheriff Overtime Wage (Security Cost) – Use the FY 2008/09 actual costs for the deputy sheriff (security personnel) wages to determine the average hourly wage, less the cost of staff benefits.

If the employment benefit package for the deputy sheriff includes vacation and other paid leave days, apply the following formula for determining the average hourly wage:

Deputy Sheriff annual salary (1 + benefit percentage)
÷ (8 hours/day x number of working days for applicable period (365 less weekends))

= Average hourly wage

If the employment benefit package for the deputy sheriff excludes vacation and other paid leave days, apply the following formula for determining the average hourly wage:

Deputy Sheriff annual salary (1 + benefit percentage)
÷ (8 hours/day x number of working days for applicable period (365 less weekends, vacation and other leave days))
= Average hourly wage

Attach:

- i. A copy of the pay scale or other forms of verification of salary used, listing the annual salary.
- ii. A copy of applicable portion of the MOU or contract between county and union.

M. Line 2

Utility Costs for Hearing Room – As in the DJR computation, the facility use costs are unallowable. However the utility costs for the room can be reimbursed.

As in the DJR computation, facility use costs are unallowable. However, utility costs for the hearing room can be reimbursed. Determine the utilities cost rate by applying the following formula:

- a. Use the utility costs for the custody facilities derived from the last completed FY expenditure reports (include the service of electric power, gas, water, telephone, DSL connectivity, refuse collection, etc.).
- b. Divide the utility cost amount used above by the total amount of the FY custody salaries and benefits.
- c. Multiply the resulting percentage in (b) above by the average hourly wage for security staff. The result is the utility cost per hour.

Attach a copy of the expenditure report that lists the applicable utility charges.

N. Line 3

Transportation Costs – These costs must be directly attributed to the actual transportation of the inmates involved in the hearing process.

The county may bill for the actual allowable costs for transporting an inmate from one location to the hearing site and back. These costs must be substantiated and directly attributed to the actual transportation of the inmates involved in the hearing process. Determine the transportation cost rate by applying the following formula:

- a. Use the transportation costs for the custody facility (as in the DJR capture only the allowable transportation costs, such as vehicle maintenance).
- b. Divide the transportation cost amount used above by the total amount of the FY custody salaries and benefits.

- c. Multiply the resulting percentage in (b) above by the average hourly wage for security staff. The result is the transportation cost per hour.

Attach a copy of the expenditure report that lists applicable transportation charges.

O. Line 4

Total Applicable Hourly Hearing Costs – Add together lines 1-3.

P. Line 5

Total Applicable Hourly Hearing Costs – Automatically populates from line 4.

Q. Line 6

Divided by 60 Minutes – Fixed cell that represents 60 minutes.

R. Line 7

Total Cost Per Minute - Automatically divides line 5 by line 6 to determine a cost per minute hearing cost.

S. Line 8

Average Duration of Hearing – The average time per hearing must be based on actual records kept for each hearing for the FY 08/09.

Attach supporting records for the hearing to include the parolee, length and location of the hearing.

T. Line 9

Security Time to Escort Inmate To and From Hearing – If applicable, the additional security cost associated with escorting an inmate from their cell to the hearing room and back, may be added to the average length of the hearing.

Provide an explanation of the methodology used to calculate the additional security cost to escort the inmate.

U. Line 10

Total Duration of Hearing in Minutes – Add together lines 8-9.

V. Line 11

Total Hearing Rate – automatically multiplies line 7 x line 10 to determine the Total Hearing Rate.

FISCAL YEAR 2009/10

PAROLE REVOCATION HEARING RATE

RATE BASED ON REGULAR WAGES WITH BENEFITS

COUNTY/JAIL NAME		Prepared By: Name	
ACTUAL EXPENSE FOR: FY 2008/09		REPORTED COSTS	DO NOT ENTER DATA INTO SHADED AREAS REFERENCE
APPLICABLE HEARING COSTS			
1	Average Hourly Deputy Sheriff Wage	\$0.00	
2	Utility Costs for Hearing Room	\$0.00	
3	Transportation Costs	\$0.00	
4	Total Applicable Hourly Hearing Costs	\$0.00	
HEARING COSTS PER MINUTE			
5	Total Applicable Hourly Hearing Costs	\$0.00	
6	Divided by 60 Minutes	60	
7	Total Cost Per Minute	\$0.00	
TOTAL DURATION OF HEARING (IN MINUTES)			
8	Average Duration of Hearing	0	
9	Average Security Time to Escort Inmate To and From Hearing	0	
10	Total Duration of Hearing in Minutes	0	
11	TOTAL HEARING RATE	\$0.00	(Line 7 x Line 10)

PAROLE REVOCATION HEARING RATE

COUNTY/JAIL NAME	Prepared By:	Name
<u>Explanations of Adjustments/References:</u>		

FISCAL YEAR 2009/10

PAROLE REVOCATION HEARING RATE

RATE BASED ON OVERTIME WAGES WITHOUT BENEFITS

COUNTY/JAIL NAME		Prepared By: Name	
ACTUAL EXPENSE FOR: FY 2008/09		REPORTED COSTS	REFERENCE
	APPLICABLE HEARING COSTS		
1	Average Hourly Deputy Sheriff Overtime Wage	\$0.00	
2	Utility Costs for Hearing Room	\$0.00	
3	Transportation Costs	\$0.00	
4	Total Applicable Overtime Hourly Hearing Costs	\$0.00	
	HEARING COSTS PER MINUTE		
5	Total Applicable Hourly Hearing Costs	\$0.00	
6	Divided by 60 Minutes	60	
7	Total Cost Per Minute	\$0.00	
	TOTAL DURATION OF HEARING		
8	Average Duration of Hearing	0	
9	Average Security Time to Escort Inmate To and From Hearing	0	
10	Total Duration of Hearing	0	
11	TOTAL HEARING RATE	\$0.00	(Line 7 x Line 10)

PAROLE REVOCATION HEARING RATE

COUNTY/JAIL NAME	Prepared By:	Name
<u>Explanations of Adjustments/References:</u>		

VII. CDCR CLAIMS PROCESSING

A. AUTHORITY

Under PC Section 4016.5 and WIC Section 1776, the State shall pay the cities or counties for costs incurred resulting from the detention of State parolees or wards on a monthly basis until the appropriation is expended.

If the budget appropriations for PC Section 4016.5 and WIC Section 1776 become inadequate during the current FY, invoices will be held until a new or increased appropriation is approved. At such time, approved claims will be scheduled for payment in the chronological order received, with the most current approved claims taking precedence. Delays in the reimbursement of invoices may occur if the latest approved DJR has not been updated for the current FY.

B. LIMITATIONS

Claims for reimbursement must be submitted monthly to CDCR by the city or county within 45 days of the month in which the services are provided and no later than six months after the end of the month in which the costs are incurred. Failure to submit claims within the six months specified in the Governor's Budget Act shall nullify the obligation of the State to be financially responsible for the cost of housing any parolee in local custody.

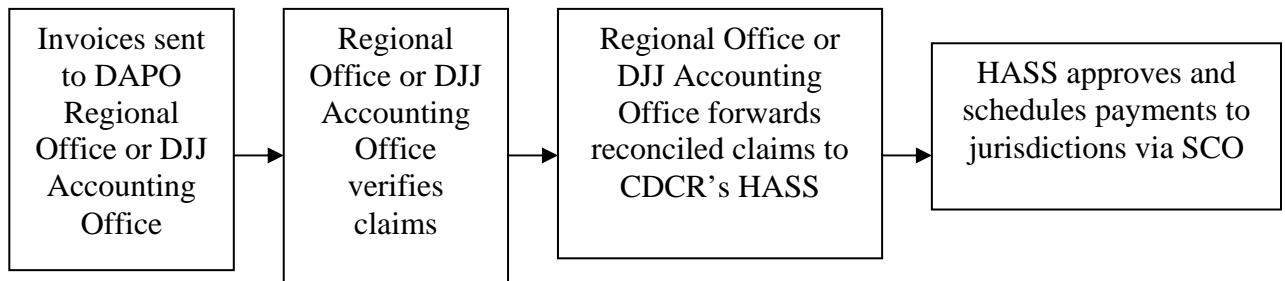
Amended invoices for retroactive rate adjustments to original claims are exempt from this six months' limitation when resulting from a CDCR initiated audit or an annual DJR Proposal submitted to the CDCR's OAC by the March 1st deadline. However, upon issuance of a final CDCR initiated audit or OAC notification of an approved DJR, amended invoices for retroactive rate adjustments to original claims must be submitted within six months of the issuance date.

The State will not compensate the city or county for the cost of housing parolees/inmates, including medical cases, beyond the scheduled day of transport who are confirmed by the city or county as "ready to transport" and unavailable on the scheduled day, unless such delays are beyond control of the city or county.

C. CLAIM SUBMITTAL

Claims for services provided to the CDCR DAPO or the DJJ shall be submitted **monthly in triplicate**, to the appropriate DAPO Regional Office or camp administrator (see Regional information following) or DJJ Accounting Office, using the applicable invoice and Register of Participation forms found in this manual.

The Regional Office will review all claims to verify that charges relate only to CDCR parolees. Any questions shall be directed to the submitting city or county for resolution. After the Regional Office reconciles the claims, they will be forwarded to CDCR HASS to verify compliance with applicable policy and procedure and schedule payment by the SCO.



For each LAP and Detention Program, submit a separate invoice and a Register of Participation form per month clearly identifying each program. (A monthly invoice may not include charges for detention for the preceding month even if the detention was continuous to the current month.)

Claims submitted with incomplete or missing information (i.e., missing parolee/inmate identification number) will be returned for proper completion and will have to be resubmitted.

A computer produced “print-out” of monthly invoices and/or the Register of Participation consistent with the procedures in this manual is acceptable and encouraged. Any modification to the prescribed monthly invoice format for implementation of a computerized billing system requires **prior approval** from the HASS.

Refer all inquiries regarding payment for DAPO and DJJ invoices to:

California Department of Corrections and Rehabilitation
Headquarters Accounting Services Section
P.O. Box 187018
Sacramento, CA 95818-7018
Phone: (916) 255-5456

Claims described in this section shall be submitted by the city or county to the CDCR DAPO or DJJ on a monthly basis within 45 days of the month in which the services are provided.

Monthly submittal of invoices is encouraged in order to facilitate timely reimbursement of claims, and to assist the CDCR when requesting funding for LAPs.

DAPO CLAIM SUBMITTAL	
WHEN	Submit monthly within 45 days of the month in which the services are provided.
HOW	<ul style="list-style-type: none"> ❖ In triplicate, per month, per program, accompanied by Form CDCR 2129--Register of Participation: Parole Hold and Detention Programs. ❖ Billing rate used must be the last approved rate on file. ❖ Do not include the last day the State parolee/inmate was in custody.
WHERE	Invoices must be sent to appropriate DAPO Regional Office. (See Region information following.)

1. DAPO REGION I

Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Fresno, Glenn, Inyo, Kern, Kings, Lassen, Madera, Mariposa, Merced, Modoc, Mono, Nevada, Placer, Plumas, Sacramento, San Joaquin, Shasta, Sierra, Siskiyou, Stanislaus, Sutter, Tehama, Trinity, Tulare, Tuolumne, Yolo, and Yuba counties:

Send invoices to: California Department of Corrections and Rehabilitation
Division of Adult Parole Operations
9825 Goethe Road, Suite 200
Sacramento, CA 95827-2572
Phone: (916) 255-2758
Fax: (916) 255-2754

2. DAPO REGION II

Alameda, Contra Costa, Del Norte, Humboldt, Lake, Marin, Mendocino, Monterey, Napa, San Benito, San Francisco, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, Solano, Sonoma, and Ventura counties:

Send invoices to: California Department of Corrections and Rehabilitation
Division of Adult Parole Operations
1515 Clay Street, Tenth Floor
Oakland, CA 94612
Phone: (510) 622-4738
Fax: (510) 622-4777

3. DAPO REGION III

Los Angeles County

Send invoices to: California Department of Corrections and Rehabilitation
Division of Adult Parole Operations
320 W. 4th Street, Suite 1000
Los Angeles, CA 90013-1105
Phone: (213) 576-6543
Fax: (213) 576-6534

4. DAPO REGION IV

Imperial, Orange, Riverside, San Bernardino, and San Diego counties:

Send invoices to: California Department of Corrections and Rehabilitation
Division of Adult Parole Operations
21015 Pathfinder Road, Suite 200
Diamond Bar, CA 91765
Phone: (909) 468-2300
Fax: (909) 468-2337

5. CAMPS

The counties affected are those that incarcerate parolees from any of the following CDCR camps:

Conservation Camp Name	Conservation Camp Number	Camp Name	Camp Number
Acton	11	Julius Klein	19
Alder	20	Konocti	27
Antelope	25	Malibu	13
Baseline	30	McCain Valley	21
Bautista	36	Miramonte	5
Ben Lomond	45	Mount Glenson	16
Chamberlain Creek	17	Mountain Home	10
Cuesta	24	Norco	39
Deadwood	23	Oak Glen	35
Delta	8	Owens Valley	26
Devil's Garden	40	Parlin Fork	6
Ed River	31	Pilot Rock	15
Fenner Canyon	41	Prado	28
Francisquito	4	Puerta La Cruz	14
Gabilan	38	Rainbow	2
Growlersburg	33	Salt Creek	7
High Rock	32	Sugar Pine	9
Intermountain	22	Trinity River	3
Ishi	18		
Vallecito	1		
Valley View	34		
Washington Ridge	44		

Send CDCR invoices in triplicate to the following applicable facility indicated by the camp:

Associate Warden, Camps
California Correctional Center
711-045 Center Road
P.O. Box 790
Susanville, CA 96127-0790
(530) 257-2181, Ext. 4470
Fax: (530) 257-6508

Associate Warden, Camps
Sierra Conservation Center
5100 O'Byrnes Ferry Road
P.O. Box 497
Jamestown, CA 95327
(209) 984-5291
Fax: (209) 984-3607

DJJ CLAIM SUBMITTAL	
WHEN	Submit monthly within 45 days of the month in which the services are provided.
HOW	<ul style="list-style-type: none"> ❖ In triplicate, per month, per program, accompanied by Form CDCR 2138 (DJJ 4.904) -- DJJ Detention Invoice & Participant Registration. ❖ Billing rate used must be the last approved rate on file. ❖ Do not include the last day the State ward was in custody.
WHERE	Invoices must be sent to DJJ Accounting Office.

D. BILLING RATE

The billing rate used for an invoice shall be the latest approved DJR for each city or county facility. An approved DJR, **for a new jail facility**, must be on file with the CDCR before the city or county can be reimbursed for holding parolees or wards in that new jail facility.

Since the State parolee or ward usually is in custody for only a part of the first day and a part of the last day, the city or county will be reimbursed for the first day **only**, and not the last.

Claims may continue to be submitted without an approved DJR for the new FY, beginning July 1st of each year.

Subject to the limitations as noted above, the city or county may submit invoices for payment of the current FY using the last approved DJR on file prior to receiving an approved current year DJR. Once the current year DJR is approved, the city or county should submit one consolidated amended invoice for all of the current FY invoices that have been paid at a lower prior year approved DJR. Use CDCR forms 2131-B and 2131-D, "Consolidated Amended Invoice," included in this manual.

If the approved current year DJR is less than the prior year DJR, the CDCR HASS will consolidate and amend the previously paid invoices and deduct the overpayment from any future invoices until the overpayment is collected.

E. INVOICE FORMS AND INSTRUCTIONS (SEE APPENDIX IX, BLANK FORMS)**I. DAPO FORM INSTRUCTIONS – MONTHLY INVOICES**

DAPO FORM INDEX		
FORM	TITLE	USE
CDCR 2127	Monthly Invoice: Parole Hold and Detention Programs	Used to invoice for the LAP and Detention Program.
CDCR 2128	Register of Participation: Parole Hold and Detention Programs	Must accompany all CDCR invoices, including those for Non-Routine Medical, to substantiate and verify the number of parolee or ward days for which costs are claimed.
CDCR 2129	Monthly Invoice: Parole Revocation Hearings	Used to invoice for the parole revocation hearings.
CDCR 2130	Register of Participation: Parole Revocation Hearing	Used to substantiate and verify claims for parole revocation hearings.
CDCR 2131-B	Consolidated Amended Invoice: Parolee and Inmate Detention	Used to seek payment for prior FYs under-reimbursed DJRs.
CDCR 2131-D	Consolidated Amended Invoice: Revocation Hearings	Used to seek payment for prior FYs under-reimbursed PRHRs.
CDCR 2148	Monthly Invoice for Non-Routine Medical	Used to invoice for miscellaneous and non-routine medical services.

1. CDCR 2127--MONTHLY INVOICE: PAROLE HOLD AND DETENTION PROGRAMS

Used for the LAP and Detention Program cases.

The invoice must clearly identify:

- a. The city or county address to where the State payment will be mailed;
- b. The jail/detention facility's name and address;
- c. The appropriate DAPO Regional or District Office;
- d. The total number of LAP and detention days combined (from the Register of Participation);
- e. The approved rate;
- f. The total amount requested (total number of participant days multiplied by the approved rate);
- g. The signature and title of the city or county representative;
- h. The date the invoice was signed by the city or county representative;
- i. The signature and title of the DAPO representative; and
- j. The date the invoice was signed by the DAPO representative.

2. CDCR 2128--REGISTER OF PARTICIPATION: PAROLE HOLD AND DETENTION PROGRAMS

Must be submitted with each CDCR invoice for the LAP or detention programs to substantiate and verify the number of parolee or ward days for which costs are claimed.

If a column does not apply to a participant, leave the column blank, otherwise include:

- a. Booking Number: Enter booking number assigned to parolee or ward by the city or county jail.
- b. Name: Enter the parolee or ward name. Using legal name as used by the CDCR, enter the last name then first name.
- c. CDCR Identification Number: Enter the CDCR identification number that the parolee received when he or she originally entered a State institution and which he or she retains while on parole. Do not leave blank.
- d. Release or Continuation: Enter "R" if the parolee or ward is being released from the program this month. Enter "C" if the parolee or ward is continuing in the program next month.
- e. Date Hold Placed: Enter the date the CDCR exercised its authority under PC Section 3056 and detained a parolee in a city or county jail (LAP); or the date the CDCR placed the parolee in a city or county jail under the authority of PC Section 830.5 (Detention). If the date of LAP or Detention started prior to the invoice period, enter the first date of the invoice period.
- f. Date New Criminal Charges Begin: Enter the date that new criminal charges were filed against the parolee.
- g. Date New Criminal Charges End: Enter the date the new criminal charges were dismissed, dropped, or the date the sentence resulting from the new charges was completed.
- h. Number of Days on Criminal Charges: Enter the difference between the date new criminal charges were filed and the date the charges were dismissed, dropped, or sentence completed. Include the first, but not the last, day the parolee was charged.

If the date new criminal charges were filed is prior to the invoice period, enter the difference between the first day of the invoice period and the date the charges were dropped, dismissed, or sentence completed.

If the charges have not been dismissed, dropped, or sentence completed during the invoice period, enter the difference between the date new criminal charges were filed and the last day of the invoice.



NOTE: When the parolee or ward is continuing in the program a "C" should be indicated in column four (4).

- i. Date Hold Released: Enter the date the CDCR withdrew its authority under PC Section 3056 and the parolee was released (LAP ends) or the date that he or she was released from PC Section 830.5 (Detention ends). If the LAP or Detention does not end during the invoice period, enter the first date of the next invoice period.
- j. Number of Days on Hold: Enter the difference between the date LAP or Detention started and the date LAP or Detention ended. Include the first, but not the last, day he or she was in the program.
- k. Number of Chargeable LAP Days: Enter the difference between the days on hold (LAP) or Detention and the days on new criminal charges.

3. CDCR 2129--MONTHLY INVOICE: PAROLE REVOCATION HEARINGS

Used to invoice for parole revocation hearing reimbursements.

The invoice must clearly identify:

- a. The city or county address to where the State payment will be mailed;
- b. The facility's name and address where the hearings are held;
- c. The appropriate DAPO Regional or District Office;
- d. The month and year;
- e. The total number of hearings;
- f. The approved reimbursement rate;
- g. The total amount to be paid for hearings (the number of hearings multiplied by the approved reimbursement rate);
- h. The total amount of the monthly invoice ;
- i. The signature and title of the city or county representative;
- j. The date the invoice was prepared by the city or county representative;
- k. The signature and title of the DAPO representative; and
- l. The date the invoice was signed by the DAPO representative.

4. CDCR 2130-- REGISTER OF PARTICIPATION: PAROLE REVOCATION HEARING

Used to substantiate and verify claims for revocation hearing costs.

Include the following:

- a. Name: Enter the legal proper name as used by the CDCR of the parolee for whom the revocation hearing was held.
- b. CDCR Identification Number: Enter the CDCR identification number that was assigned to the parolee when he or she originally entered a State institution. Do not leave blank.
- c. Date of Hearing: Enter the date that the hearing was held.
- d. Hours: Enter the number of hours that it took for each hearing.
- e. Cumulative Number of Hearings: Enter the number of hearings. Forward the cumulative total to the cover invoice, the rate is based on the cost per hearing.

5. CDCR 2148-- MONTHLY INVOICE FOR NON-ROUTINE MEDICAL

Used when invoicing for miscellaneous and non-routine medical/dental expenses provided for a State parolee while in custody pending parole revocation proceedings.

Include the following:

- a. CDCR 2128, Register of Participation Parole Hold and Detention Program, to substantiate and verify the number of parolee days for which costs are claimed.
- b. Documentation identifying the specific nature and level of medical services provided, including appropriateness and associated expense (e.g., security and transportation);
- c. Emergency medical treatments must be supported by a statement from a licensed medical or dental professional describing the nature of the emergency, reasons for emergency services and itemized listing with cost for each service;
- d. A copy of any pre-authorization for non-emergency medical services must be attached to the invoice;
- e. Copies of any invoices received by the detaining agency from any outside vendor/service provider detailing the services provided must be attached to the invoice;
- f. The city or county address to where the State payment will be mailed;
- g. The appropriate DAPO regional or district office;
- h. The facility's name and address where the expenses occurred;
- i. The total amount to be paid per facility and total amount requested;
- j. The signature, title, and telephone number of the city or county representative--- in the event the CDCR 2148 is prepared by a 3rd party, verification by the local law enforcement agency for all services provided to each parolee/inmate must accompany the form .
- k. The date the invoice was prepared by the city or county representative;
- l. The signature and title of the DAPO representative; and
- m. The date the invoice was signed by the DAPO representative.
- n. Requests for reimbursement of overtime security must be accompanied by copies of applicable wages with computation of the wages and names of all staff providing security for State parolees.

II. DAPO CONSOLIDATED AMENDED INVOICES

DAPO Consolidated Amended Invoices should be submitted directly to:

California Department of Corrections and Rehabilitation
Headquarters Accounting Services Section
P.O. Box 187018
Sacramento, CA 95818-7018
(916) 255-5456

A copy of the Consolidated Amended Invoice should also be sent to the appropriate Regional Office or camp administrator for information purposes only.

Forms CDCR 2131-B and CDCR 2131-D are the Consolidated Amended Invoices to be used for under-reimbursements for Parolee/Inmate Detention and Parole Revocation Hearings respectively.

Upon receipt of a current DJR, CDCR will reimburse the city or county for its actual allowable costs for claims reimbursed at a prior year's DJR or PRHR. **Amended invoices for retroactive rate adjustments to original claims must be submitted within six months of the final report date of a CDCR initiated audit or OAC notification of an approved DJR.**

Use forms CDCR 2131-B and CDCR 2131-D to obtain incremental reimbursement. The city or county must submit a Consolidated Amended Invoice for the difference between what was paid and what would have been paid if the DJR proposal or revocation hearing rate had been submitted and approved prior to July.

There are two pages to the Consolidated Amended Invoice. Use the first page (CDCR 2131-B), for parolee and ward detention invoices. Use the second page (CDCR 2131-D), for parole revocation hearings. The total of the two programs should also be entered on page 2 (CDCR 2131-D).

The following are instructions for the proper completion of the Consolidated Amended Invoice:

1. CDCR 2131-B--PAROLEE/INMATE DETENTION (PAGE 1)

- a. Line 1:
 - i. Enter the new approved DJR for the current FY in Line 1, Column 3.
 - ii. Enter the date of the letter notifying the city or county of the new approved DJR in Line 1, Column 2.
- b. Line 2:
Enter the (old) DJR that was used for processing these invoices.
- c. Line 3:
Enter the difference between the DJR that was used (or the old rate) and the DJR that should have been used (or the new rate).
- d. Lines 4-15:
Enter the number of parolee/inmate days that were billed for each month at the old DJR.
- e. Line 16:
Enter the total number of days claimed. (Total Lines 4 through 15).
- f. Line 17:
Enter the amount of parolee/inmate detention reimbursement requested. (Rate in Line 3 multiplied by number of days in Line 16).

2. CDCR 2131-D--REVOCATION HEARINGS (PAGE 2)

- a. Line 35:
Enter the new approved PRHR for the current FY in Line 35, Column 3.
Enter the date of the letter notifying the city or county of the new approved revocation hearing rate in Line 35, Column 2.
- b. Line 36:
Enter the (old) revocation hearing rate that was used for processing these invoices.
- c. Line 37:
Enter the difference between the revocation hearing rate that was used (or the old rate) and the revocation hearing rate that should have been used (or the new rate).
- d. Line 38-49:
Enter the number of parolee days that were billed for each month at the old revocation hearing rate.
- e. Line 50:
Enter the total number of parolee days claimed. (Add Lines 38 through 49).
- f. Line 51:
Enter amount of additional reimbursement requested for parole revocation hearings. (Multiply Line 37 by Line 50).
- g. Line 52:
Enter the grand total of reimbursement requested for this period. (Grand total of the two pages).

III. DJJ FORM INSTRUCTIONS – MONTHLY INVOICES

DJJ FORM INDEX		
FORM #	TITLE	USE
CDCR 2138-A (DJJ 4.904)	DJJ Detention Invoice & Participant Registration	Used to invoice for youthful parolee detentions.
CDCR 2138-B	Consolidated Amended Invoice: Ward Detention	Used to seek payment for prior FYs under-reimbursed DJRs.
CDCR 2138-C	Consolidated Amended Invoice: Ward Revocation Hearings	Used to seek payment for prior FYs under-reimbursed PRHRs.

1. CDCR 2138-A (FORM DJJ 4.904)--DJJ DETENTION INVOICE & PARTICIPANT REGISTRATION

Under WIC Section 1776, the State shall pay the cities or counties on a monthly basis for costs incurred resulting from the detention of State parole violators.

Used to invoice for youthful parolee detentions.

Complete the DJJ detention invoice as follows:

- a. City or County: Enter the city or county name and address to where the State payment should be mailed.

- b. City or County Facility: Enter the name of the city or county facility where the parolee was detained.
- c. Inclusive Dates: Enter the beginning and ending dates of the invoice period. Only use calendar months and do not combine fiscal years on the invoice.
- d. Year: Enter the fiscal year.
- e. Name of Parolee: Enter the name of the parolee who is an alleged parole violator.
- f. DJJ Number: Enter the DJJ identification number that was assigned to the parolee when he or she was a State ward.
- g. Date DJJ Hold Placed: Enter the date the DJJ exercised its authority under WIC Sections 1753, 1755 or 1767.3.
- h. Date DJJ Hold Released: Enter the date the DJJ released its hold because new criminal charges were filed, the parolee was detained after a hearing, or he or she was released on parole.
- i. Days on LAP: Enter the difference between the date the hold was placed and the date the hold was released, excluding those days that new criminal charges were filed or charges were dropped, dismissed, or sentence completed. Include the first, but not the last, day of participation in determining number of days per detainee.
- j. Total Days: Enter the total number of detention days during which costs were incurred for housing a State detainee.
- k. Daily Rate: Enter the DJR.
- l. Total Cost: Multiply the total number of detention days by the approved CDCR rate. This represents the total payment to be made to the city or county by the DJJ.
- m. Signature: City or county representatives must sign the invoice before it will be paid.
- n. Title: Enter the title of the city or county representative who signed the invoice.
- o. Date: Enter the date the invoice was signed by the city or county representative.

IV. DJJ CONSOLIDATED AMENDED INVOICES

DJJ Consolidated Amended Invoices should be submitted directly to:

California Department of Corrections and Rehabilitation
Headquarters Accounting Services Section
P.O. Box 187018
Sacramento, CA 95818-7018
Phone: (916) 255-5456

CDCR 2138-B and CDCR 2138-C are Consolidated Amended Invoices. Upon receipt of a current DJR, DJJ will reimburse the city or county for its actual allowable costs for claims reimbursed at a prior year's DJR. Amended invoices for retroactive rate adjustments to original claims must be submitted within six months of the final report date of a CDCR initiated audit or OAC notification of an approved DJR.

Use forms CDCR 2138-B and CDCR 2138-C to obtain incremental reimbursement. The city or county must submit a Consolidated Amended Invoice for the difference between what was paid and what would have been paid if the DJR proposal or revocation hearing rate had been submitted and approved prior to July.

There are two pages to the Consolidated Amended Invoice. Use the first page (CDCR 2138-B) for ward detention. Use the second page (CDCR 2138-C) for parole revocation hearings. The total of the two programs should also be entered on page 2 (CDCR 2138-C).

The following are instructions for the proper completion of the Consolidated Amended Invoice:

1. CDCR 2138-B, Consolidated Amended Invoice -Ward Detention (Page 1)
 - a. Line 1
 - i. Enter the new approved DJR for the current FY in Line 1, Column 3.
 - ii. Enter the date of the letter notifying the city or county of the new approved DJR in Line 1, Column 2.
 - b. Line 2

Enter the (old) DJR that was used for processing these invoices.
 - c. Line 3

Enter the amount of the difference between the DJR that was used (or the old rate) and the DJR that should have been used (or the new rate).
 - d. Line 4-15

Enter the number of ward days that were billed for each month at the old DJR.
 - e. Line 16

Enter the total number of days claimed. (Total Lines 4 through 15).
 - f. Line 17

Enter the amount of additional reimbursement requested for ward and parolee detention. (Multiply Line 3 by Line 16).
2. CDCR 2138-C, CONSOLIDATED AMENDED INVOICE -WARD REVOCATION HEARING (PAGE 2)
 - a. Line 18
 - i. Enter the new approved ward revocation hearing rate for the current FY in Line 18, Column 3.
 - ii. Enter the date of the letter notifying the city or county of the new approved revocation hearing rate in Line 18, Column 2.
 - b. Line 19

Enter the (old) revocation hearing rate that was used for processing these invoices.
 - c. Line 20

Enter the amount of the difference between the revocation hearing rate that was used (or the old rate) and the revocation hearing rate that should have been used (or the new rate).
 - d. Lines 21-32

Enter the number of ward days that were billed for each month at the old revocation hearing rate.

e. Line 33

Enter the total number of ward days claimed. (Add Lines 21 through 32).

f. Line 34

Enter the amount of additional reimbursement requested for ward revocation hearings. (Multiply Line 20 by Line 33).

g. Line 35

Enter the grand total of reimbursement requested for this period. (Grand total of the two pages).

F. OFFSETS AGAINST CLAIMS

PC Section 4016.5 and WIC Section 1776 constrain the CDCR and the DJJ, respectively, from reimbursing a city or county when there are charges outstanding against the city or county for services provided by either department.

If the payment for such charges older than 45 days is not received before the invoices based on the DJR are completed, an offset adjustment would be necessary. The city or county will be notified and the older outstanding charges would be offset against the DJR reimbursement. Any net reimbursement would then be calculated and paid monthly.

VIII. PROGRAM COMPLIANCE

A. FAILURE TO MEET MINIMUM JAIL STANDARDS

PC Section 4016.5 and WIC Section 1776 require the CDCR and the DJJ to withhold all or part of the net reimbursements to a city or county whose jail facilities do not conform to minimum standards for local detention facilities, but only if the city or county is failing to make reasonable efforts to correct the differences. Consideration will be given to the resources available for such purposes. The CDCR will make this determination. When the CDCR provides notification of its determination, they will implement the partial or total withholds as instructed. Designated staff will contact the city or county prior to the withholding of reimbursements.

B. AUDITS

The CDCR or any duly authorized representative thereof shall have access to, and the right to examine, audit, excerpt and transcribe any books, documents, papers or records of the city or county which, in the opinion of the State, may be related or pertinent to the LAP, or the Detention Programs or the parole revocation hearings covered by the DJR, or the PRHR. Such material must be retained by the city or county for a period of three years after the termination of the fiscal year for which the annual jail rate applies or until all questions arising from an audit completed by the State are resolved.

A draft audit report will be issued to the city or county for review and comment. The city or county will have 30 days to submit written comments and supply additional source documentation for the auditor's consideration in preparing the final audit report. No additional source documentation will be accepted after the final audit report is issued.

The city or county has 30 days after it receives the final audit report to make a formal reply to the findings. The reply must indicate what action has been taken, or is intended to be taken, regarding each audit finding or recommendation. The reply to the final audit report will be reviewed by an Administrative Review Committee (ARC). This Committee consists of the Director, Support Services; Deputy Director, Office of Fiscal Services; and the Director, Division of Adult Parole Operations. The ARC's findings will be the final departmental position on the audit. If the city or county does not reply in writing within the allotted time, the report will be considered accepted in full and the State will proceed accordingly. The reply and any related questions to the final audit report should be made to:

California Department of Corrections and Rehabilitation
Office of Audits and Compliance
P.O. Box 942883
Sacramento, CA 94283-0001
(916) 255-2990

If audit findings result in disallowances for which the city or county must repay monies to the State of California, and a recovery of said monies is not effected within 30 days of the final audit report, amounts owing will be deducted by the CDCR from future monthly claims until such time that the audit disallowance is fully recovered.

Jurisdictions subjected to audit by CDCR must apply those audit results to DJR Cost Packages for each FY following the period of review. DJR Cost Packages pending OAC approval due to finalization of a CDCR audit must be submitted or amended, as applicable, to the OAC within 90 days of issuance of the final audit report. Requests for extensions beyond the 90-day time period must be submitted to the OAC for consideration within 10 days of the final audit report. Jurisdictions failing to meet this requirement will be limited to reimbursements based on the final audited rate for each FY following the period of review.

APPENDIX I

PENAL CODE SECTION 3056

“Prisoners on parole shall remain under the legal custody of the department and shall be subject at any time to be taken back within the inclosure of the prison.”

APPENDIX II
Penal Code Section 4016.5
California Department of Corrections and Rehabilitation
(Amended pursuant to AB 1655)

“Reimbursement of counties; parolee and prisoner detention; parole revocation proceedings; conditions; determination and use of reimbursement

A city or county shall be reimbursed by the Department of Corrections⁽¹⁾ for costs incurred resulting from the detention of a state prisoner, a person sentenced or referred to the state prison, or a parolee and from parole revocation proceedings when the detention meets any of the following conditions:

(h) The detention relates to a violation of the conditions of parole or the rules and regulations of the Director of Corrections and does not relate to a new criminal charge.

(i) The detention is pursuant to (1) an order of the Board of Prison Terms⁽²⁾ under the authority granted by Section 3060, or (2) an order of the Governor under the authority granted by Section 3062 or (3) an exercise of a state parole or correctional officer’s peace officer powers as specified in Section 830.5.

(j) Security services and facilities are provided for hearings which are conducted by the Board of Prison Terms to revoke parole.

(k) The detention results from a new commitment, or a referral pursuant to Section 1203.03, once the abstract of judgment has been completed, the department’s intake control unit has been notified by the county that the prisoner is ready to be transported pursuant to Section 1216, and the department is unable to accept delivery of the prisoner. The reimbursement shall be provided for each day starting on the day following the fifth working day after the date of notification by the county, if the prisoner remains ready to be delivered and the department is unable to receive the prisoner. If a county delivers or attempts to deliver a person to the department without the prior notification required by this paragraph, the date of the delivery or attempted delivery shall be recognized as the notification date pursuant to this paragraph. The notification and verification required by the county for prisoners ready to be transported, and reimbursement provided to the county for prisoners that the department is unable to receive, shall be made pursuant to procedures established by the department.

A city or county shall be reimbursed by the department from funds appropriated in Item 5240-101-0001 of the budget Act of 1998 for costs incurred pursuant to subdivision (a), (b), and (c) and from funds appropriated in Item 5240-001-0001 of that act for costs incurred pursuant to subdivision (d).

The reimbursement required by this section shall be expended for maintenance, upkeep, and improvement of jail conditions, facilities, and services. Before the county is reimbursed by the department, the total amount of all charges against that county authorized by law for services rendered by the department shall be first deducted from the gross amount of reimbursement authorized by this section. The net reimbursement shall be calculated and paid monthly by the department. The department shall withhold all or part of the net reimbursement to a county whose jail facility or facilities do not conform to minimum standards for local detention facilities as authorized by Section 6030 only if the county is failing to make reasonable efforts to correct differences, with consideration given to the resources available for those purposes.

Costs incurred resulting from the detention, as used in this section, shall include the same cost factors as are utilized by the Department of Corrections in determining the cost of prisoner care in state correctional facilities.”

⁽¹⁾ The Department of Corrections and Board of Prison Terms were renamed effective July 1, 2005 to the California Department of Corrections and Rehabilitation (CDCR) and the Board of Parole Hearings (BPH) respectively.

APPENDIX III
WELFARE AND INSTITUTIONS CODE SECTION 1776
CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
DIVISION OF JUVENILE JUSTICE

Parole violators; county detention facilities; reimbursement:

“Whenever an alleged parole violator is detained in a county detention facility pursuant to a valid exercise of the powers of Youth Authority¹ as specified in Sections 1753, 1755, and 1767.3 and when such detention is initiated by the Youth Authority and is related solely to a violation of the conditions of parole and is not related to a new criminal charge, the county shall be reimbursed for the costs of such detention by the Department of the Youth Authority. Such reimbursement shall be expanded for maintenance, upkeep, and improvement of juvenile hall and jail conditions, facilities, and services. Before the county is reimbursed by the department, the total amount of all charges against that county authorized by law for services rendered by the department shall be first deducted from the gross amount of the reimbursement authorized by this section. Such net reimbursement shall be calculated and paid monthly by the department. The department shall withhold all or part of such net reimbursement to a county whose juvenile hall or jail facility or facilities do not conform to minimum standards for local detention facilities as authorized by Section 6030 of the Penal Code or Section 210 of this code.

Costs of such detention, as used in this section, shall include the same cost factors as are utilized by the CDCR in determining the cost of prisoner care in State correctional facilities.”

⁽¹⁾The California Youth Authority was renamed effective July 1, 2005 to the California Department of Corrections and Rehabilitation, Division of Juvenile Justice.

APPENDIX IV

STATE OF CALIFORNIA GOVERNOR'S BUDGET ACT

Note: The 2005 Governor's Budget Act eliminated the \$59 per day cap for the DJR and, instead, authorized the Department of Finance (DOF) to approve a new rate cap that is calculated annually to reflect prior year changes to the CDCR's cost of custody and routine healthcare. The 2008 Budget Act did not provide an increase in the cap for FY 2008/09; therefore, the last approved cap of \$77.17 remains in effect until further notice. Future revisions to the Budget Act will be applied as appropriate to the DJR proposals.

The following excerpt is from the Budget Act of 2007, Section 5225-101-0001(7)(1)(d):

"To reimburse counties for the cost of detaining state parolees pursuant to Section 4016.5 of the Penal Code. Claims shall be filed by local jurisdictions within six months after the end of the month in which the costs are incurred. Claims filed by local jurisdictions may not include booking fees, may not recover detention costs in excess of \$77.17 per day, and shall be limited to the detention costs for those days on which parolees are held subject only to a Department of Corrections and Rehabilitation request pursuant to subdivision (b) of Section 4016.5 of the Penal Code. Expenditures shall be charged to either the fiscal year in which the claim is received by the Department of Corrections and Rehabilitation or the fiscal year in which the warrant is issued."

MAXIMUM DAILY JAIL RATE HISTORY

Authorized by the Governor's Budget Act
For Services Provided Pursuant to Penal Code 4016.5

FISCAL YEAR	MAXIMUM DJR
1993/94 – 2004/05	\$59.00
2005/06	\$68.22
2006/07	\$71.57
2007/08	\$77.17
2008/09	No change provided in Budget Act of 2008
2009/10	To be established in the Budget Act of 2009

APPENDIX V

STATE ADMINISTRATIVE MANUAL

SECTION 8752, FULL COST RECOVERY POLICY

FULL COST RECOVERY POLICY (Revised 2/99)**8752**

The State policy is for departments to recover full costs whenever goods or services are provided for others (Requirements for General Fund departments are included in Government Code (GC) Sections 11010 and 11270). This policy, which applies to all departments regardless of funding sources, is to be followed in all cases except where statutes prohibit full cost recovery.

The full cost of goods or services includes all costs attributable directly to the activity plus a fair share of indirect costs that can be ascribed reasonably to the good or service provided. SAM Section 8752.1 contains a discussion of the cost elements to include.


COST ELEMENTS INCLUDED (Revised 2/99)**8752.1**


Include the following costs in charges for good and services:

- Department direct costs
 - Department indirect (overhead) costs
 - Central services costs
1. Department direct costs are those that can be identified specifically with a particular cost objective, such as:
 - a. Personal service costs incurred in meeting the cost objective (personal service costs will include the fringe benefit factors prescribed in SAM Section 8740).
 - b. Operating expenses and equipment costs incurred in meeting the cost objective, such as the cost of contracts, travel expenses, etc.
 2. Department indirect (overhead) costs are those support costs that benefit more than one cost objective/organizational unit. These costs are accumulated and allocated periodically to the cost objective/organizational units that benefit from the support activity/function. Departmental indirect costs include:
 - a. Personal services costs of unit, bureau, division, and department administrative, supervisory, and executive staff.
 - b. Personal services costs of support units, including clerical support, housekeeping, etc.
 - c. Operating expenses and equipment costs not included as part of department direct costs.
 3. Central service costs are costs incurred by central service departments (e.g., Department of Finance (DOF), State Controller, State Personnel Board, etc.) for the benefit of all State departments. See SAM Section 8753 for more information on central service costs.

APPENDIX VI

GLOSSARY OF DEFINITIONS

 **NOTE:** Included in this glossary are definitions of terms as they are specifically used within this DJR Manual.

TERM	DEFINITION
<u>BOARD OF PAROLE HEARINGS:</u>	<p><u>Board of Parole Hearings (BPH):</u> California's adult parole board. The BPH conducts hearings for all inmates sentenced to life terms with the possibility of parole. In addition, the BPH:</p> <ul style="list-style-type: none"> • Establishes terms and conditions for all persons released on parole in California; • Conducts parole revocation hearings for persons who violate the terms and conditions of parole; • Conducts certification, placement, and parole revocation hearings for mentally disordered offenders; • Conducts probable cause hearings for prisoners or parolees in revoked status who meet the criteria to be identified as sexually violent predators; and • Considers requests from foreign born inmates who wish to be transferred to their country of citizenship to serve the remainder of their sentences.
<u>BOOKING COSTS:</u>	<p>Costs associated with booking, including classification (the Budget Act specifically excludes booking costs), staff salaries and benefits, services and supplies, equipment, food, and medical costs.</p> <p> NOTE: Booking cost is not the booking revenue received.</p>
<u>CAPITAL ASSETS:</u>	<p>Assets that meet the government's capitalization policy such as land, improvements to land, easements, buildings, leasehold improvements, vehicles, machinery, equipment, works of art and historical treasures, infrastructure, and all other tangible or intangible assets that are used in government operations, have initial useful lives extending beyond one year, and are usually subject to depreciation (except for land). Capital assets do not include depletable resources such as minerals or timber.</p>
<u>COMMISSARY COSTS:</u>	<p>All expenditures incurred to support and supply a jail facility store where supplies (i.e., beverages, candy, magazines, Tylenol, etc.) and other amenities are sold to the inmates.</p>

**COMMUNICATIONS OR
RADIO SERVICES:**

The costs of communications or radio services outside the jail facility are unallowable. Communications or radio services provided primarily for the function of protecting the public outside the detention facility are unallowable. Communications from a patrol officer's or deputy sheriff's vehicle to the detention facility are unallowable. Cell phones are unallowable as they are not permitted to be used inside detention facilities. Radio and communication services used exclusively within the jail facility are generally considered allowable costs.

CONDITIONS OF PAROLE:

A set of written rules to which an inmate or a parolee agrees to and by which he or she is governed.

CONTINGENCIES:

Contributions to a contingency reserve or any other similar provision for unforeseen events are unallowable.

**CONTRIBUTIONS AND
DONATIONS:**

Contributions (a payment exacted for a special purpose) and donations (the act of giving to a fund or cause) are unallowable.

DAILY JAIL RATE (DJR):

The cost of housing a parolee/inmate at a city or county facility based on costs allowable by the State under PC Section 4016.5 and WIC Section 1776.

DEPRECIATION COSTS:

The costs of depreciating (method to account for assets whose value is considered to decrease over time) capital assets are unallowable.

DETAINED:

An inmate is received into custody by a competent authority of the city or county jail.

DETENTION:

State inmates assigned to the State operated or contracted community programs are subject at any time to be detained in the city or county jail upon the valid exercise of a State parole agent or correctional officer's peace officer powers (if the Sheriff or the corresponding official in charge of the jail consents thereto). State inmates remain under the legal custody of CDCR and inmates detained in this manner are covered by this program.

**ELECTED OFFICIALS'
SALARIES:**

The salaries and benefits of elected officials, such as members of the Board of Supervisors or the City Council and the Sheriff, are considered a general cost of local government and, therefore, are unallowable. The principles followed are those used in developing the COWCAP as approved by the SCO.

ENCUMBRANCES: Encumbrances are not allowable as program expenses because the actual expenditures have not occurred. *These expenses will be allowable in the year the expenses are paid.*

ENTERTAINMENT: Costs of amusements, social activities and related incidental costs (meals, beverages, lodgings, rentals, transportation and gratuities) are unallowable.

EQUIPMENT: Equipment that either meets or exceeds the County or City's capitalization policy is unallowable. In the above definition of capital assets, equipment is tangible property other than land, buildings, improvements other than buildings, or infrastructure, which is used in operations and with a useful life of more than one year. Examples are furnishings, equipment, and software. Equipment may be attached to a structure for purposes of securing the item, but unless it is permanently attached to, or an integral part of, the building or structure, it is to be classified as equipment and not buildings.

FACILITY LEASE OR USE COSTS: Except as defined in “(1)” below, the following restrictions apply:

- (1) Facility lease costs are unallowable costs to the extent that Federal or State funds have been granted which cover these costs.
- (2) No lease cost is allowable unless the lessor is a second party, separate from the city or county government, and the lease is not for jail space. To include any lease cost in the DJR proposal, the city or county must include a copy of the lease and documentation of the lessor's identity and financial interest separate from the city or county government.
- (3) Facility Lease or Use Costs By Special Agreement: Identify and deduct from the total cost of construction, any funds from any other levels of government for the cost of such incarceration facilities. Only the remaining or net cost of facility construction will be allowed in a DJR proposal for reimbursement under the special agreement.

FINES AND PENALTIES: Costs resulting from the violations of or failure to comply with federal, State and local laws and regulations are unallowable.

FOOD COSTS: Per PC Section 4016.5, allowable food costs are limited to meals served inmates. Also, see definition under “Meal Benefits and Allowances.”

GENERAL LIABILITY**INSURANCE:**

General liability, per the State of California Accounting Standards and Procedures for Counties, is defined as: “The exposure to third party bodily injury and/or property damage losses attributable to the broad range of governmental activities excluding losses due to malpractice and the operation of government vehicles... Usually includes errors and omissions and false arrest exposures.”

HOLD:

A written request that a parolee who is the responsibility of either CDCR or DJJ be detained in the city or county jail. The request may be made by the BPH, the Governor, the Youthful Offender Parole Board, the Director of CDCR, or their duly authorized representatives.

INDIRECT COSTS:

Indirect costs (overhead) are those costs incurred for a common or joint purpose, benefiting more than one program and not directly assignable to a particular program; e.g., central government service costs and overhead costs for the units providing support to the facility.

Indirect costs pertaining to detention operations shall exclude unallowable cost factors noted in Chapter II, Section E, Allowable and Unallowable Costs. Costs that may be included in this line item are:

1. Costs approved for use in the FY 2007/08 ICRP or COWCAP.

To include the ICRP or COWCAP in the Indirect Cost calculation, subtract building and equipment use costs and include any roll forward amount. Unless unallowable under PC Section 4016.5, other costs included in the ICRP or COWCAP are acceptable Indirect Costs and must be allocated appropriately to each cost center.

2. Any departmental, divisional or other allowable indirect detention costs as defined in this Manual, including salaries and benefits and services and supplies, less any applicable revenues or reimbursements.

For additional information regarding unallowable indirect costs within a city or county cost plan, see Sections 2430-2440 of the Handbook of Cost Plan Procedures for California Counties, SCO. Please note that all costs must be consistent with the requirements of PC Section 4016.5.

All indirect costs must be allocated based on the percentages that each cost center benefits from the indirect costs. The cost proposal must include a worksheet detailing the basis for the allocation, actual percentages used, and dollar amounts. A copy of the

expenditure reports is required in all cases and regardless of methodology. Please footnote and/or cross-reference all figures from source documentation to the computation.

INMATE PROGRAMS

Programs that benefit county inmates such as work furlough, home detention, parenting classes, vocational and educational programs, etc.

INSURABLE LOSSES:

Actual losses that could have been covered by insurance through a self-insurance program approved by the SCO or others, are unallowable.

**INTEREST AND OTHER
FINANCE COST:**

Interest and/or other finance cost on borrowings (however represented), bond discounts, cost of financing and refinancing operations and legal and professional fees paid in connection therewith, are unallowable.

LEGAL EXPENSES:

Legal services furnished by the chief legal officer, related staff, and/or assignees for the purpose of discharging his/her general responsibilities as the legal officer are unallowable costs. Legal expenses for the prosecution of claims against the federal or State government are also unallowable costs.



NOTE: Costs of county attorney as included in the ICRP or COWCAP are allowable for establishing Indirect Costs.

LEKTREIVER:

For clothing storage and retrieval.

**LOCAL ASSISTANCE
PROGRAM (LAP):**

LAP involves the detention in the city or county jail of a parolee on a parole violation, or an alleged parole violation. If the parolee is held on a criminal charge concurrent with our hold, the State does not reimburse the city or the county for the detention costs, regardless of the disposition by the court. This program pertains to both CDCR and DJJ.

**MEAL BENEFITS AND
ALLOWANCES:**

Meals for guests are unallowable. Meal benefits and allowances for staff are generally unallowable, unless the following conditions exist: when an employee is required to work in excess of two hours past their normal workday. If the employee is required to work for more extended periods of time, he/she may be allowed to gain an additional meal allowance for each additional six hour period. No more than three overtime meal allowances will be claimed during any 24 hour period. Additionally, if meal benefits are part of the MOU between the county/city and the Union, then they are an allowable DJR cost.

MEDICAL (ROUTINE)
EXPENSES:

“Routine medical services” refer to those services that are normally provided to **all** prisoners in a county jail facility. Routine medical and dental costs include, but are not limited to physical and dental examinations received by prisoners when they arrive at a county jail, distribution of over-the-counter drugs (i.e., aspirin and cold/cough medicine) and medical and dental supplies such as Band-Aids or tape and gauze for cuts and bruises, dental floss, toothpaste and tooth brushes. Routine Medical Expenses may be reflected as a Direct Cost.

MEDICAL (NON-ROUTINE)
EXPENSES:

“Non-routine medical expenses” refers to medical services provided to an individual for a specific condition or specialized care, such as those that typically requires a specialized physician (i.e., dermatology, psychiatry, cardiology, endocrinology, neurology, oncology, etc.). Non-routine medical expenses are unallowable as a direct cost in the DJR calculation and may be billed by the city or county directly to HASS, via the appropriate DAPO Regional Headquarters Office.

MEMBERSHIP AND DUES:

Membership and/or Dues in approved professional law enforcement related organizations. Includes professional license renewal.

NEW CRIMINAL CHARGE:

Unadjudicated charge against a parolee.

NOTICE:

Process by which a parolee is served with documents relating to parole violation charge(s), including the Notice of Rights to Hearing, copy of the Violation Report Screening Offer by the BPT, and other due process documents as appropriate

PAROLE REVOCATION
HEARING:

An administrative proceeding at which the parole agent presents to the BPT all known facts regarding a parole violation, a description of a parolee’s conduct while on parole and a recommendation appropriate to the case. Adverse/friendly witnesses and supervising parole agent take testimony in the parolee’s presence. The BPT makes the decision as to whether or not parole should be revoked.

PAROLE REVOCATION
HEARING RATE (PRHR):

The cost of providing a hearing room and security staff necessary to hold a revocation (Morrissey) hearing.

PROBABLE CAUSE
HEARING (PCH):

The PCH is conducted within 10 business days of the notice of charges for alleged violation of terms and conditions of parole to determine whether or not there is sufficient justification to proceed to a hearing, unless the parolee waives that right or asks for a continuance.

STATE PAROLEE:

An inmate or ward that has been released from prison with conditions and is being supervised for a given period by CDCR or DJJ.

TRANSPORTATION: Only intra-county (within the county lines) transportation costs are allowable. Inter-county transportation costs are unallowable. Transportation expenditures from a State detention facility to a county detention facility and vice versa are allowable (including inter-county). Transportation expenditures from a county facility to a facility of another county are not allowable.

APPENDIX VII GLOSSARY OF ACRONYMS

<u>AB</u>	Assembly Bill
<u>ADP:</u>	Average Daily Population
<u>ARC:</u>	Administrative Review Committee
<u>BPH</u>	Board of Parole Hearings
<u>CDCR:</u>	California Department of Corrections and Rehabilitation
<u>COWCAP:</u>	County Wide Cost Allocation Plan
<u>DAPO:</u>	Division of Adult Parole Operations
<u>DJJ:</u>	Division of Juvenile Justice
<u>DJR:</u>	Daily Jail Rate
<u>DOF</u>	Department of Finance
<u>FY:</u>	Fiscal Year
<u>GAAP:</u>	Generally Accepted Accounting Principles
<u>HASS:</u>	Headquarters' Accounting Services Section (for CDCR)
<u>ICRP:</u>	Indirect Cost Rate Proposal
<u>LAP:</u>	Local Assistance Program
<u>MOU:</u>	Memorandum of Understanding
<u>OAC:</u>	Fiscal and Business Management Audit Unit
<u>O.A.S.D.I.:</u>	Old Age, Survivors, & Disability Insurance (a.k.a. FICA or Social Security)
<u>OHO:</u>	Our Hold Only (PC Section 3056 hold)
<u>PC:</u>	Penal Code
<u>PCH</u>	Probable Cause Hearing
<u>POST:</u>	Peace Officers' Standards and Training
<u>PRHR:</u>	Parole Revocation Hearing Rate

SAM: State Administrative Manual
SCO: State Controller's Office
STC: State Training Center
WIC: Welfare and Institutions Code

APPENDIX VIII

CONTACT INFORMATION

NAME	TITLE	ADDRESS	TELE. #	FAX #
DAPO Headquarters:		California Department of Corrections and Rehabilitation Division of Adult Parole Operations P.O. Box 942883 Sacramento, CA 94283-0001		
Tyrone Williams	Local Assistance	Tyrone.Williams@cdcr.ca.gov	(916) 956-2495	(916) 327-0785
Caroline Cabarloc	Staff Services Mgr I (A)	Caroline.Cabarloc@cdcr.ca.gov	(916) 508-4739	(916) 327-0785
Brenda Pugh	Program Analyst	Brenda.Pugh@cdcr.ca.gov	(916) 324-0081	(916) 327-0785
Office of Audits and Compliance:		California Department of Corrections and Rehabilitation Office of Audits and Compliance P.O. Box 942883 Sacramento, CA 94283-0001		
Catherine Almendariz	Staff Services Mgr I	Catherine.Almendariz@cdcr.ca.gov	(916) 255-2730	(916) 255-1850
Tina Kilgour	Daily Jail Rate Analyst	Tina.Kilgour@cdcr.ca.gov	(916) 255-2645	(916) 255-1850
Headquarters Accounting Services Section		California Department of Corrections and Rehabilitation Headquarters Accounting Services Section P.O. Box 942883 Sacramento, CA 94283-0001		
Jenny Dalton	Sr. Acc. Officer Supervisor	Jenny.Dalton@cdcr.ca.gov	(916) 255-2041	(916) 255-5418
Anne Siefken	Accountant I (Specialist)	Anne.Siefken@cdcr.ca.gov	(916) 255-5456	(916) 255-5418
Region I		California Department of Corrections and Rehabilitation Division of Adult Parole Operations 9825 Goethe Road, Suite 200 Sacramento, CA 95827-2572		
Troy Lopez	Local Assistance	Troy.Lopez@cdcr.ca.gov	(916) 255-0718	(916) 255-2759
Ellery Madolora	Parole Agent III Field Analyst	Ellery.Madolora@cdcr.ca.gov	(916) 255-2083	(916) 255-2759
Region II		California Department of Corrections and Rehabilitation Division of Adult Parole Operations 1515 Clay Street, Tenth Floor Oakland, CA 94612		
Bea Aragon	Local Assistance	Bea.Aragon@cdcr.ca.gov	(510) 622-4768	(510) 622-4720
Dee Dominguez	Parole Agent III	Deothea.Dominguez@cdcr.ca.gov	(510) 622-4738	(510) 622-4777
Valsamma Raju	Field Analyst	Valsamma.Raju@cdcr.ca.gov	(510) 622-4701	(510) 622-4720
Region III		California Department of Corrections and Rehabilitation Division of Adult Parole Operations 320 W. 4 th Street, Suite 1000 Los Angeles, CA 90013-1105		
Mary Springs	Local Assistance	Mary.Springs@cdcr.ca.gov	(213) 620-2204	(213) 576-7285
Lianne Akaki	Parole Agent III	Lianne.Akaki@cdcr.ca.gov	(213) 620-4761	(213) 576-7285
Bonita Rogers	Field Analyst	Bonita.Rogers@cdcr.ca.gov	(213) 576-6500	(213) 576-7285
Region IV		California Department of Corrections and Rehabilitation Division of Adult Parole Operations 21015 Pathfinder Road, Suite 200 Diamond Bar, CA 91765		
Henry Harris	Local Assistance	Henry.Harris@cdcr.ca.gov	(909) 468-2300	(909) 468-2337
Marilou A. Lasam	Parole Agent III Field Analyst	Marilou.Lasam@cdcr.ca.gov	(909) 468-2300	(909) 468-2337
CDCR Headquarters	Local Assistance Program Help Desk	ParoleLAP@cdcr.ca.gov e-mail your questions		

APPENDIX IX BLANK FORMS

FORMS FOR THE DJR PREPARER	
Daily Jail Rate Checklist, FY 2009/10	
DJR Computation Schedule, FY 2009/10	
Prior Rate Estimate Adjustment Schedule, FY 2009/10(A)	
Form for explanations and/or references listed on the DJR Computation Schedule	
Parole Revocation Hearing Rate Checklist, FY 2009/10	
PRHR Computation, FY 2009/10, Based on Regular Wages with Benefits	
PRHR Computation, FY 2009/10, Based on Overtime Wages without Benefits	
FORMS FOR BILLING CDCR OR DJJ FOR SERVICES RENDERED	
CDCR Form 2127, Monthly Invoice Parole Hold and Detention Programs, to be used for invoicing the combined days in the LAP and detention programs.	
CDCR Form 2128, Register of Participation for LAP or Detention, to be used with each CDCR invoice for the LAP or detention programs.	
CDCR Form 2129, Monthly Invoice, Parole Revocation Hearing, to be used when invoicing for parole revocation hearings.	
CDCR Form 2130, Register of Participation for Parole Revocation Hearing, to be used with each CDCR invoice for the parole revocation hearing.	
CDCR Form 2138-A, DJJ Detention Invoice and Participation Registration, to be used when invoicing for the DJJ youthful parolee detentions.	
CDCR Form 2148, Monthly Invoice, Non-Routine Medical, to be used when invoicing for miscellaneous and non-routine medical costs.	
FORMS FOR BILLING CDCR OR DJJ FOR BILLING ADJUSTMENTS WHEN DJRs AND PRHRs ARE UPDATED	
CDCR Form 2131-B, Consolidated Amended Invoice Parolee/Inmate Detention, to be used for invoicing the difference between the old and new DJR for all invoices previously submitted using the old DJR in the LAP and detention programs.	
CDCR Form 2131-D, Consolidated Amended Invoice, Parole Revocation Hearings, to be used for invoicing the difference between the old and new PRHR for all invoices previously submitted using the old DJR in the revocation hearing.	
CDCR Form 2138-B, Consolidated Amended Invoice Ward Detention, Page 1, to be used for invoicing the difference between the old and new DJR for all invoices previously submitted using the old DJR in the ward detention.	
CDCR Form 2138-C, Consolidated Amended Invoice Ward Detention, Page 2, to be used for invoicing the difference between the old and new PRHR for all invoices previously submitted using the old DJR in the ward revocation hearings.	

DAILY JAIL RATE (DJR) FISCAL YEAR 2009/10

CHECKLIST FOR PREPARATION OF THE DJR COMPUTATION FORM

Please check to see that the items listed below are enclosed with your Daily Jail Rate (DJR) Computation forms for each facility. A completed DJR checklist must be submitted with your DJR:

____ 1. Preparer's Name of DJR Computation Form for FY 2009/10:

____ 2. Contact Person for questions regarding completed DJR Computation Form:

(Telephone Number & E-mail Address)

ATTACHMENTS:

- ____ 3. A copy of the expenditure detail report for FY 2007/08 for Salaries and Benefits, Services and Supplies (including unallowable costs such as non-routine medical and communication services outside the jail), Medical Costs, Equipment Purchases, other Direct Costs, Prior Year Expenditures, Administration/Overhead, Indirect Costs, and any other applicable expenditures.
- ____ 4. A copy of the county or city's capitalization policy.
- ____ 5. A copy of the budget report or revenue report or general ledger that lists all sources of revenue received by the Police or Sheriff's Department during FY 2007/08.
- ____ 6. A listing of positions by classification, which are represented by the Salary and Benefit reports for each jail facility.
- ____ 7. Documentation to substantiate the Sheriff's salary and benefits.
- ____ 8. A worksheet showing the allocation of Salaries and Benefits, Services and Supplies, Medical Costs, Equipment Purchases and any other expenditures, (direct costs only) that were allocated to each of the jail facilities.
- ____ 9. The expenditure report and a worksheet that documents the separation of Medical Costs into routine and non-routine based upon the criteria described in the Daily Jail Rate Manual. Please include a description of the methodology used for the allocation of costs.
- ____ 10. A description of what is included in the Indirect Costs (Line 21), and how this was allocated to the appropriate cost center/jail facility. Please include a copy of the worksheet showing the allocation of costs and a description of the basis for the allocation.

-
- ____ 11. A copy of the cover page and the appropriate pages of the Countywide Cost Allocation Plan (COWCAP) as formally approved by the State Controller's Office as estimated costs or the Citywide Indirect Cost Rate Proposal (ICRP) as approved by the appropriate Federal Cognizant Agency for use in FY 2007/08.
- ____ 12. A copy of the approved budget allotment report for FY 2008/09.
- ____ 13. A worksheet that substantiates how the two-year percentage cost increase was determined.
- ____ 14. A summary of the actual jail population for FY 2007/08 per facility by month.
- ____ 15. A worksheet that substantiates how the two-year population increase/decrease was determined, or a copy of the supporting city or county document indicating the expected jail population for FY 2009/10, such as a court order reducing the jail population, etc.
- ____ 16. If lease costs are included in Services and Supplies or another Category/Object, please provide a copy of the lease and documentation of the lessor's identity and financial interest as separate from the city or county government.
- ____ 17. Documentation to substantiate the booking costs. Please provide one of the following:
- * A copy of the expenditure report for the booking unit.
 - * Documentation showing the salaries and the classification/positions of the people involved in the booking process and some basis for the allocation of their time spent booking versus other duties, if any.

Provide current name, title, phone number and address of the Sheriff/Police Chief and Auditor-Controller:

Sheriff/Police Chief:

Auditor-Controller:

COUNTY/JAIL NAME		Prepared By:	
ACTUAL EXPENSE FOR: FY 2007/08		REPORTED COSTS	REFERENCE
1	DIRECT COSTS (Allowable and Unallowable)		
2	Wages and Benefits		
3	Services and Supplies		
4	Medical Costs (Routine and Non-Routine)		
5	Equipment purchases (Non-capitalized)		
6			
7			
8			
9			
10	Total Direct Costs		
11	LESS: Unallowable Direct Costs		
12	BOOKING COSTS		
13	Non-Routine Medical		
14	Communication (outside of jail facility)		
15	Home Detention		
16	Work Furlough		
17			
18	Total Unallowable Direct Costs		
19	ALLOWABLE DIRECT COSTS		
20	Or Other Basis		
21	INDIRECT COSTS		
22	Allow Dir/Total Dir Equals The Allow % of Indir Costs (Line 19/Line 10)		
23	ALLOWABLE INDIRECT COSTS		
24	TOTAL EXPENDITURES		
25	LESS: Offsetting Reimbursements		
26	STC		
27	POST		
28	Transportation		
29	Morrissey		
30	Inmate Medical Co-Pay		
31	Total Offsetting Reimbursements		
32	ALLOWABLE COSTS		

COUNTY/JAIL NAME		Prepared By:
PROJECTED EXPENDITURES FOR: FY 2009/10		REPORTED COSTS
REFERENCE		
33	Allowable Costs (FY 2007/08) (From Line 32 on Page 1)	
34	Estimated 2 Year Percent Cost Increase/Decrease	
35	Amount of Estimated 2 Year Increase/Decrease	
TOTAL ALLOWABLE COSTS FOR FY 2009/10		
36	RATE COMPUTATION	
FISCAL YEAR 2009/10		Requested
37	Reported Average Daily Jail Population (FY 2007/08)	
38	Calendar Days (FY 2009/10)	
39	Total Projected Jail Population (FY 2009/10)	
40	Estimated 2 Year % Population Increase/Decrease)	
41	Estimated FY 2009/10 Population	
42	DAILY JAIL RATE (FY 2009/10)	Do Not Exceed Cap

COUNTY/JAIL NAME		Prepared By:	
Prior Rate Estimate Adjustment		Schedule 2009/10 A	
DESCRIPTION OF ITEM	REPORTED AMOUNT	REFERENCE	
1 TOTAL ALLOWED COSTS FOR FISCAL YEAR (FY) 2007/08			
2 AVERAGE DAILY POPULATION IN FY 2007/08			
3 TOTAL CALENDAR DAYS IN FY 2007/08			
4 TOTAL ACTUAL INMATE DAYS IN FY 2007/08			
5 CORRECTED DJR RATE FOR FY 2007/08			
6 DAILY JAIL RATE APPROVED FOR THIS FACILITY FOR USE IN FY 2007/08 (From Line 42 of DJR Computation Schedule Approved for FY 2007/08)			
7 DIFFERENCE			
<p>If the DJR on Line 5 is under \$77.17, and is less than Line 6, your county/city was overpaid for FY 2007/08 invoices. CDCR will collect the overpayment from future invoices.</p> <p>If the DJR on Line 5 is under \$77.17, and is greater than Line 6, your county/city was underpaid for FY 2007/08 invoices. Use CDCR 2131-B, Consolidated Amended Invoice for Parolee/Inmate Detention and invoice CDCR for the difference.</p> <p>If the DJR on Line 5 is \$77.17 or more, and Line 6 is less than \$77.17, the city or county was underpaid for FY 2007/08 invoices. Use CDCR 2131-B, Consolidated Amended Invoice for Parolee/Inmate Detention and invoice CDCR for the difference.</p> <p>If the DJR on Line 5 is \$77.17 or more, and Line 6 is less than \$71.57, there will be no adjustments made. The cap of \$77.17 placed on DJRs as established by the Budget Act, remains in effect through June 30, 2008.</p>			

COUNTY/JAIL NAME	Prepared By:
<u>Explanation of Adjustments/References:</u>	

**PAROLE REVOCATION HEARING RATE (PRHR)
FISCAL YEAR 2009/10**

CHECKLIST FOR PREPARATION OF THE PRHR COMPUTATION FORM

Please check to see that the items listed below are enclosed with your PRHR Computation forms for each facility. A completed PRHR checklist must be submitted with your PRHR:

____1. Preparer's Name of PRHR Computation Form for FY 2009/10:

____2. Contact Person for questions regarding completed PRHR Computation Form:

(Telephone Number & E-mail Address)

ATTACHMENTS:

- ____3. A copy of the applicable FY pay scale, or any other forms of verification of the salary used, listing the annual salary of the deputy sheriff or other staff that participate in the hearing.
- ____4. A copy of the applicable portion of the MOU or contract between the city or county and union that lists the employee benefits for the deputy sheriff.
- ____5. A copy of the expenditure report that lists the applicable utility charges used in the PRHR calculation.
- ____6. A copy of the expenditure report itemizing costs associated with the expanded hearing process.
- ____7. A copy of the expenditure report that lists applicable transportation charges used in the PRHR calculation.
- ____8. A copy of the actual records kept for all hearings for FY 2008/09 to calculate the average length of a hearing, to include parolee, length and location of the hearing.
- ____9. Provide an explanation of the methodology used to calculate the additional security cost to escort an inmate to and from the hearing.

Provide current name, title, phone number and address of the Sheriff/Police Chief and Auditor-Controller:

Sheriff/Police Chief:

Auditor-Controller:

RATE BASED ON REGULAR WAGES WITH BENEFITS

COUNTY/JAIL NAME		Prepared By: Name	
ACTUAL EXPENSE FOR: FY 2008/09		REPORTED COSTS	DO NOT ENTER DATA INTO SHADED AREAS REFERENCE
APPLICABLE HEARING COSTS			
1	Average Hourly Deputy Sheriff Wage	\$0.00	
2	Utility Costs for Hearing Room	\$0.00	
3	Transportation Costs	\$0.00	
4	Total Applicable Hourly Hearing Costs	\$0.00	
HEARING COSTS PER MINUTE			
5	Total Applicable Hourly Hearing Costs	\$0.00	
6	Divided by 60 Minutes	60	
7	Total Cost Per Minute	\$0.00	
TOTAL DURATION OF HEARING (IN MINUTES)			
8	Average Duration of Hearing	0	
9	Average Security Time to Escort Inmate To and From Hearing	0	
10	Total Duration of Hearing in Minutes	0	
11	TOTAL HEARING RATE	\$0.00	(Line 7 x Line 10)

COUNTY/JAIL NAME	Prepared By: Name
<u>Explanations of Adjustments/References:</u>	
<div></div>	

RATE BASED ON OVERTIME WAGES WITHOUT BENEFITS

COUNTY/JAIL NAME		Prepared By: Name	
ACTUAL EXPENSE FOR: FY 2008/09		REPORTED COSTS	REFERENCE
APPLICABLE HEARING COSTS			DO NOT ENTER DATA INTO SHADED AREAS
1	Average Hourly Deputy Sheriff Overtime Wage	\$0.00	
2	Utility Costs for Hearing Room	\$0.00	
3	Transportation Costs	\$0.00	
4	Total Applicable Overtime Hourly Hearing Costs	\$0.00	
HEARING COSTS PER MINUTE			
5	Total Applicable Hourly Hearing Costs	\$0.00	
6	Divided by 60 Minutes	60	
7	Total Cost Per Minute	\$0.00	
TOTAL DURATION OF HEARING			
8	Average Duration of Hearing	0	
9	Average Security Time to Escort Inmate To and From Hearing	0	
10	Total Duration of Hearing	0	
11	TOTAL HEARING RATE	\$0.00	(Line 7 x Line 10)

COUNTY/JAIL NAME	Prepared By:	Name
<u>Explanations of Adjustments/References:</u>		
<div></div>		

MONTHLY INVOICE**PAROLE HOLD AND DETENTION PROGRAMS**

NAME OF CITY OR COUNTY

STREET ADDRESS

CITY, STATE, ZIP CODE

FROM:	TO:
FACILITY NAME:	Department of Corrections and Rehabilitation Division of Adult Parole Operations
STREET ADDRESS:	STREET ADDRESS:
CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE

In accordance with Penal Code 4016.5, payment is requested for satisfactory services provided in the **MONTH** of _____, 20_____.

Total participant days *	_____
Reimbursement rate	
X	\$ _____
TOTAL PAYMENT REQUESTED	\$ _____

CLAIM CERTIFICATION

I hereby certify under penalty of perjury that the city or county named herein is entitled to the amount claimed; that the claim within is in all respects a true and correct statement of costs incurred under Penal Code 4016.5, and that I have not violated any of the provisions of the Government Code Sections 1090 and 1096, inclusive.

SIGNATURE OF CITY / COUNTY REPRESENTATIVE:	DATE SIGNED:	SIGNATURE OF DAPO REPRESENTATIVE:	DATE SIGNED:
(TYPE) NAME AND TITLE:		(TYPE) NAME AND TITLE:	
CONTACT TELEPHONE NUMBER:		CONTACT TELEPHONE NUMBER:	
E-MAIL ADDRESS:		E-MAIL ADDRESS:	

*Total "participant days" is obtained from the attached Register of Participation (CDCR 2128) form, Column 10, "Number of Days". It includes the first, but not the last, day of participation, **unless** adequate documentation is provided and attached to the invoice.

[illegible]

- (1) JAIL BOOKING NUMBER
- (2) NAME OF INMATE/PAROLEE (May not agree with CDCR name)
- (3) CDC ID NUMBER
- (4) ENTER "R" FOR RELEASED or "C" FOR PAROLEE/INMATE CONTINUING PROGRAM NEXT MONTH
- (5) DATE OHO OR DETENTION STARTS or THE FIRST DATE OF INVOICE PERIOD
- (6) DATE NEW CRIMINAL CHARGES FILED
- (7) DATE CRIMINAL CHARGES DROPPED, DISMISSED OR SENTENCE ENDS
- (8) DAYS ON CRIMINAL CHARGES – Billing month only (Column 8 equals column 7 minus column 6 date)
- (9) DATE OHO, ON DETENTION ENDS or THE LAST DAY OF THE MONTH
- (10) DAYS ON HOLD or DETENTION (Column 10 equals column 8 date minus column 5 date)*
- (11) CHARGEABLE OHO and/or DETENTION DAYS (Column 11 equals column 10 minus column 8 plus 1 if

DISTRIBUTION:
ORIGINAL – PAROLE ACCOUNTING TECHNICIAN
YELLOW – COUNTY JAIL
PINK – PAROLE AGENT

MONTHLY INVOICE

PAROLE REVOCATION HEARINGS

FOR USE BY BOARD OF PAROLE HEARINGS ONLY

☐ APPROVED ☐ DISAPPROVED

☐ APPROVED WITH CHANGES

SIGNATURE

DATE

NAME OF CITY OR COUNTY

STREET ADDRESS

CITY, STATE, ZIP CODE

FROM:	TO:
FACILITY NAME:	Department of Corrections and Rehabilitation Division of Adult Parole Operations
STREET ADDRESS:	STREET ADDRESS:
CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE

In accordance with Penal Code 4016.5, payment is requested for satisfactory services provided in the **MONTH** of _____, 20_____.

Total Number of Hearings * _____

Reimbursement Rate **X** \$ _____

TOTAL PAYMENT REQUESTED \$ _____

CLAIM CERTIFICATION

I hereby certify under penalty of perjury that the city or county named herein is entitled to the amount claimed; that the claim within is in all respects a true and correct statement of costs incurred under Penal Code 4016.5, and that I have not violated any of the provisions of the Government Code Sections 1090 and 1096, inclusive.

SIGNATURE OF CITY / COUNTY REPRESENTATIVE:	DATE SIGNED:	SIGNATURE OF DAPO REPRESENTATIVE:	DATE SIGNED:
(TYPE) NAME AND TITLE:		(TYPE) NAME AND TITLE:	
CONTACT PHONE NUMBER:		CONTACT PHONE NUMBER:	
E-MAIL ADDRESS:		E-MAIL ADDRESS:	

*Total hours or number of hearings is obtained from the attached Register of Participation (CDCR 2130) form.

REGISTER OF PARTICIPATION PAROLE REVOCATION HEARINGS

COUNTY	FOR MONTH OF			YEAR
PAROLEE'S NAME (1)	CDC # (2)	DATE OF HEARING (3)	NUMBER OF HOURS (4)	CUMULATIVE NUMBER OF HEARINGS (5)
TOTAL				

LEGEND:
 (1) NAME OF INMATE for whom revocation hearing was held.
 (2) CDC ID NUMBER
 (3) DATE OF HEARING
 (4) NUMBER OF HOURS per hearing. FORWARD the total number of hours to monthly cover invoice if rate is based on number of hours of service.
 (5) NUMBER OF HEARINGS. FORWARD the total number of hearings to the monthly cover invoice if rate is based on cost per hearing.

SEND TO:
California Department of Corrections and Rehabilitation
Division of Juvenile Justice
ATTN: Financial Analysis Bureau
4241 Williamsborough Drive
Sacramento, CA 95823

CLAIM CERTIFICATION: I hereby certify that the above is a true and accurate statement of costs incurred by the county or city for detaining alleged parole violators under Section 1776 of the Welfare and Institutions Code.

FY 2009/10

MONTHLY INVOICE
NON-ROUTINE MEDICAL

For Reimbursement Under Penal Code Section 4016.5

Non-routine medical expenses refer to medical services provided to an individual for a specific condition or specialized care. Documentation and/or detail supporting non-routine medical expenses must clearly identify the specific nature and level of medical services, appropriateness and related expense for medical services provided parole violators.

NAME OF CITY OR COUNTY

STREET ADDRESS

CITY, STATE, ZIP CODE

FROM:	TO:
FACILITY NAME	Department of Corrections and Rehabilitation Division of Adult Parole Operations
STREET ADDRESS	STREET ADDRESS
CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE

In accordance with Penal Code 4016.5, payment is requested for satisfactory services provided in the **MONTH** of _____, 20_____.

DETENTION FACILITY**AMOUNT**

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL PAYMENT REQUESTED	\$ _____

CLAIM CERTIFICATION

I hereby certify under penalty of perjury that the city or county named herein is entitled to the amount claimed; that the claim within is in all respects a true and correct statement of costs incurred under Penal Code 4016.5, and that I have not violated any of the provisions of the Government Code Sections 1090 and 1096, inclusive

SIGNATURE OF CITY / COUNTY REPRESENTATIVE:	DATE SIGNED:	SIGNATURE OF DAPO REPRESENTATIVE:	DATE SIGNED:
(TYPE) NAME AND TITLE – PHONE NUMBER:		(TYPE) NAME AND TITLE – PHONE NUMBER:	
CONTACT TELEPHONE NUMBER:		CONTACT TELEPHONE NUMBER:	

Non-routine medical expenses must be billed by the city or county directly to the CDCR, Headquarters Accounting Services Section via the appropriate DAPO Regional Headquarters Office

**CONSOLIDATED AMENDED INVOICE
PAROLEE / INMATE DETENTION****Prior Months Billing Adjustment
For Reimbursement Under Penal Code Section 4016.5**

NAME OF CITY OR COUNTY

STREET ADDRESS

CITY, STATE, ZIP CODE

FROM:	TO:
FACILITY NAME	Department of Corrections and Rehabilitation Accounting Services
STREET ADDRESS	STREET ADDRESS: P.O. Box 187019
CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE Sacramento, CA 95818-7018

LINE	COLUMN 1	COLUMN 2 DATE RATE APPROVED	COLUMN 3	COLUMN 4 REIMBURSEMENT REQUESTED
1	(New) Rate approved on:		\$	
2	(Old) Rate of reimbursement		\$	
3	(Difference) Rate of Increase (Line 1 minus Line 2)		\$	
		TOTAL PAROLEE/ INMATE DAYS BILLED		
	MONTHS			
4	July 20_____			
5	August			
6	September			
7	October			
8	November			
9	December			
10	January 20_____			
11	February			
12	March			
13	April			
14	May			
15	June			
16	Total Number of Days			
17	TOTAL: Parolee/Inmate Detention Reimbursement Requested (Rate in Line 3 times number of days in Line 16)			\$

SIGNATURE OF CITY / COUNTY REPRESENTATIVE:

(TYPE) NAME AND TITLE:

DATE SIGNED:

CONTACT PHONE NUMBER:

**CONSOLIDATED AMENDED INVOICE
PAROLE REVOCATION HEARINGS****Prior Month Billing Adjustment
For Reimbursement Under Penal Code Section 4016.5**

NAME OF CITY OR COUNTY		FISCAL YEAR
STREET ADDRESS		
CITY, STATE, ZIP CODE		
FROM:		TO:
FACILITY NAME:		Department of Corrections and Rehabilitation Accounting Services
STREET ADDRESS:		STREET ADDRESS: P.O. Box 187019
CITY, STATE, ZIP CODE		CITY, STATE, ZIP CODE Sacramento, CA 95818-7018

LINE	COLUMN 1	COLUMN 2 DATE RATE APPROVED:	COLUMN 3	COLUMN 4 REIMBURSEMENT REQUESTED PER HOUR OR HEARING
1	(New) Rate approved on:	_____	\$ _____	_____
2	(Old) Rate of reimbursement		\$ _____	_____
3	(Difference) Rate of Increase (Line 1 minus Line 2)		\$ _____	_____
		TOTAL HOURS OR HEARINGS BILLED		
	MONTHS			
4	July 20_____	_____		
5	August	_____		
6	September	_____		
7	October	_____		
8	November	_____		
9	December	_____		
10	January 20_____	_____		
11	February	_____		
12	March	_____		
13	April	_____		
14	May	_____		
15	June	_____		
16	Total Number of hours or hearings		_____	
17	TOTAL: Parolee/Inmate Detention Reimbursement Requested (Rate in Lines 3 times hours/hearings in Line 16)			\$ _____

SIGNATURE OF CITY / COUNTY REPRESENTATIVE:

(TYPE) NAME AND TITLE:

DATE SIGNED:

CONTACT PHONE NUMBER:

**CONSOLIDATED AMENDED INVOICE
WARD DETENTION****Prior Month Billing Adjustment
For Reimbursement Under Welfare & Institutions Code Section 1776**

NAME OF CITY OR COUNTY		FISCAL YEAR
STREET ADDRESS		
CITY, STATE, ZIP CODE		
FROM:	TO:	
FACILITY NAME:	California Department of Youth Authority Headquarters Accounting Services Section	
STREET ADDRESS:	STREET ADDRESS: P.O. Box 187018	
CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE Sacramento, CA 95818-7018	

<u>LINE</u>	<u>COLUMN 1</u>	<u>COLUMN 2</u> DATE RATE APPROVED:	<u>COLUMN 3</u>	<u>COLUMN 4</u> REIMBURSEMENT REQUESTED
1	(New) Rate approved on:	_____	\$ _____	
2	(Old) Rate of reimbursement		\$ _____	
3	(Difference) Rate of Increase (Line 1 minus Line 2)		\$ _____	
		TOTAL HOURS OR HEARINGS BILLED		
	MONTHS			
4	July 20 _____	_____		
5	August	_____		
6	September	_____		
7	October	_____		
8	November	_____		
9	December	_____		
10	January _____	_____		
11	February	_____		
12	March	_____		
13	April	_____		
14	May	_____		
15	June	_____		
16	Total Number of Days		_____	
17	SUBTOTAL: Ward Detention Reimbursement Requested (Rate in Line 3 times Hours/Hearings in Line 16)			\$ _____

SIGNATURE OF CITY / COUNTY REPRESENTATIVE	(TYPE) NAME AND TITLE	DATE
CONTACT PHONE NUMBER		

**CONSOLIDATED AMENDED INVOICE
WARD DETENTION****Prior Month Billing Adjustment
For Reimbursement Under Welfare & Institutions Code Section 1776**

NAME OF CITY OR COUNTY	FISCAL YEAR
STREET ADDRESS	
CITY, STATE, ZIP CODE	
FROM:	TO:
FACILITY NAME:	California Department of Corrections and Rehabilitation Headquarters Accounting Services Section
STREET ADDRESS:	STREET ADDRESS: P.O. Box 187018
CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE Sacramento, CA 95818-7018

<u>LINE</u>	<u>COLUMN 1</u>	<u>COLUMN 2</u> DATE RATE APPROVED:	<u>COLUMN 3</u>	<u>COLUMN 4</u> REIMBURSEMENT REQUESTED <u>PER HOUR</u> <u>OR HEARING</u>
18	(New) Rate approved on:	_____	\$ _____ per _____	
19	(Old) Rate of reimbursement		\$ _____ per _____	
20	(Difference) Rate of Increase (Line 18 minus Line 19)		\$ _____ per _____	
		TOTAL HOURS OR HEARINGS BILLED		
	MONTHS			
21	July 20 _____	_____		
22	August	_____		
23	September	_____		
24	October	_____		
25	November	_____		
26	December	_____		
27	January _____	_____		
28	February	_____		
29	March	_____		
30	April	_____		
31	May	_____		
32	June	_____		
33	Total Number of Days		_____	
34	SUBTOTAL: Ward Detention Reimbursement Requested (Rate in Line 20 times number of days in Line 33)			\$ _____
35	TOTAL: Reimbursement requested for this consolidated Amended invoice for the period: _____ thru _____			\$ _____

SIGNATURE OF CITY / COUNTY REPRESENTATIVE	(TYPE) NAME AND TITLE	DATE
CONTACT PHONE NUMBER		